



Automatic Payment Authorization for Credit/Debit Cards

Please print the following information:

Child's full name(s): _____

Person authorizing automatic draft payments:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (home): _____ (work): _____

Monthly draft amount may vary depending on account balance.

I hereby authorize monthly tuition, competition fees, apparel items and/or other all-star related costs to be drafted from the account designated below in the event my account becomes past due more than 29 days. In the event that I change my credit card service to a different bank or different account, I will notify Victory! Cheerleading in writing at least 15 days prior to the date of my next scheduled billing statement. I will give a 30 day written notice to Victory! Cheerleading before stopping the automatic draft payment, if for any reason I withdraw my child from Victory! Cheerleading.

I hereby authorize drafts from my credit/debit account only as specified above.

Name: _____ Date: ____/____/____

Signature: _____

CC Billing Address (if Different from Above): _____

Account Number: _____ Exp Date: ____/____

Mastercard _____ Visa _____