

AUTHORIZATION FOR MONTHLY CREDIT CARD DEBIT

I authorize FAME AllStars to debit the credit card listed below on the 1st of each month during the 2015-2016 cheerleading/tumbling season (June 2014 thru May 2015) for the monthly tuition billed on my account.

I may also authorize this card to be charged for any additional charges as billed.

Please read and initial below.

_____ I understand that it is my responsibility to notify FAME AllStars via email (famecheervalley@gmail.com) prior to the 1st of the new month of any new card information, i.e. card expiration, card was lost or stolen.

_____ I understand that if my card is declined for any reason, more than once, I will be removed from the auto-debit program for the remainder of the current cheer season.

Childs Name: _____ Childs Team or Class Name: _____

Card Type: _____ Acct. #: _____ Expiration: _____

Security Code: _____

Name as it Appears on Card: _____

Billing Address: _____ Zip Code: _____

Signature of Credit Card Holder: _____

Contact Info: (h ph#) _____ (c ph#) _____ Email: _____

www.famecheer.com