



CREDIT CARD AUTHORIZATION FORM

Name of Athlete: _____

Type of Credit Card: _____

Card Number: _____ Security code _____

Expiration Date: _____ Billing Zip Code: _____

Name of Cardholder: _____

Address: _____

Signature of Cardholder: _____

Please choose one of the following options for this credit card “Auto-Pay”:

MONTHLY TUITION (Auto-Pay)

I authorize Indiana Ultimate to charge my dues only on the 1st of every month

ALL FEES (Auto-Pay)

I authorize Indiana Ultimate to charge my monthly dues **AND ALL OTHER EXPENSES** associated with All-Star Cheer & Dance for the 2015-2016 season

- If you select “All Fees,” all other expenses will be charged to your credit card when they occur.
- There is a **\$10.00 per credit card failure fee**. Please inform Indiana Ultimate office staff of any changes to your credit card to avoid these charges
- If you choose not to put your credit card on file with Indiana Ultimate, you are required to put a deposit of 1 month’s dues in your account. That deposit will be used if you have not paid your bill by the 5th. You must keep a balance of 1 month’s dues in your account at all times.

ALL CREDIT CARD INFORMATION WILL BE HELD CONFIDENTIALLY BY INDIANA ULTIMATE STAFF AND WILL NOT BE AVAILABLE TO ANY OTHER STAFF MEMBER

Name (Print) _____

Signature

Date