

**CHEER ALLIANCE FINANCIAL AUTHORIZATION FORM
ACH DEBITS BANK DRAFTS OR CREDIT CARD BILLINGS**

I(we) hereby authorize Cheer Alliance, Inc to initiate debit entries for Cheer Alliance, Inc and /or Cheer Alliance Parent Association, NFP, and if necessary, credit adjustments for any debit entries to my ___checking and/or ___credit card account (please mark) as indicated below, to the card/bank named below, for all monthly changes billed to the student whose name is listed below, in accordance with the “commitment form” in competitive cheer or instructional programs executed by me. This authorization shall continue until the end of the term specified in the applicable contract, unless revoked in writing 30 days in advance of the scheduled payment by me/us. Automatic billing will still remain during that 30 day time period if applicable. A \$25.00 late fee will be posted to your account for those payments not received by the due date.

Student(s) Name & Team: _____

AUTOMATIC BILLING (PLEASE CHECK)	
<input type="checkbox"/> Monthly Tuition:	Date of first Billing- ___/___/___ Date of last Billing- ___/___/___
<input type="checkbox"/> Additional Tumbling Fees:	Date of first Billing- ___/___/___ Date of last Billing- ___/___/___
<input type="checkbox"/> Additional Classes:	Date of first Billing- ___/___/___ Date of last Billing- ___/___/___
<input type="checkbox"/> Monthly Private Lesson Fees:	Date of first Billing- ___/___/___ Date of last Billing- ___/___/___
<input type="checkbox"/> COMP Monthly Fees ²	(includes Choreography, Competition, Skill Camps. Refer to detailed
<input type="checkbox"/> Makeup Fees	team “COMP” billing installment sheet. Fundraising credits will be applied)
<input type="checkbox"/> Double Teaming Fees	Amounts vary – refer to detailed packet available upon request.
<input type="checkbox"/> CHARGE ALL	Date of first Billing- ___/___/___ Date of last Billing- ___/___/___
FOR AUTOMATIC CREDIT CARD BILLING PLEASE FILL OUT BELOW	
Cardholder’s Name:	_____
Cardholders Billing Address:	_____
(as it appears on statement)	City _____ State _____ Zip _____
Card Holder Type:	Visa M/C
Credit Card Number	_____
Credit Expiration Date	Month _____ Year _____
Three Digit Number on Back	_____
Phone Number:	_____ - _____ - _____
FOR ACH OR BANK DRAFTS TO PERSONAL CHECKING ACCOUNT¹	
Bank Account Holders Name:	_____
Address (as if appear on check):	_____
	City _____ State _____ Zip _____
Name of Bank:	_____
Bank Account Number:	_____
Bank Routing Number:	_____

Card holder/Account Name (please print)

(Signature)

(Date)

Credit Card # for File Use Only _____ Exp Date _____

I agree not to participate in the automatic billing option. I understand that I will be charged an additional \$25.00 late fee if payment is not received by the due date. I give Cheer Alliance my permission to charge my credit card on file. **\$25 in late fees may be charged to the credit card per month, if necessary or when declined.**

¹ Attach a copy of a voided check. Please note, the bank account number and routing number for some credit unions may be different from the numerals printed on the bottom of the check. Please check with your credit union to verify accuracy of the numbers.

² Competition fees are based on the team your child is on, and the competitions attending during the 2014-2015 Season.