

ROCK SOLID ALLSTARS

Credit/Debit Authorization Form

Please provide a credit/debit card number for monthly tuition payments and/or installment payments. Accounts will be automatically drafted at the first of every month.

ATHLETE NAME: _____

Name as it appears on card: _____

Type of card: _____ Exp. Date _____ Sec Code _____

Credit Card Number: _____

Signature: _____

Card Holder's Address w/ Zip Code: _____

Phone number: _____

Check one or more below

Pay balance each month _____

Pay only monthly dues _____

Pay only installments on due dates _____

Private lessons only _____

Merchandise only _____

For Office Use ONLY:

JUNE	DECEMBER
JULY	JANUARY
AUGUST	FEBRUARY
SEPTEMBER	MARCH
OCTOBER	APRIL
NOVEMBER	