



SUMMER CAMP

Payment Plan Authorization Form | CC

PLEASE PRINT LEGIBLY

Child's Name: _____

Name: _____
First Middle Initial Last

Email: _____ Phone: (_____) _____

- AMEX Discover Mastercard Visa

Card Number: _____

Expiration: ____ / ____ CVV Code: _____

Name on Card: _____

BILLING Address: _____

City, State, Zip: _____

FOR OFFICE USE ONLY:

- Sibling Discount
 iClass Note
 Keyword
 Heartland Contract

Weekly Payments will be made on Fridays. Start: June 6, 2016 End: August 26, 2016

This contract will run a week in advance. For example, tuition for the week of June 6-10th will run on Friday, June 3rd. If your child is not enrolled for the upcoming week, your account will not be charged.

- Pay Camp Dues in Full
- Not to exceed \$_____ per Week

Other Details or Arrangements: _____

Which Transaction Emails do you wish to receive? Declines Only All Transactions

I authorize Bronco Elite Arts & Athletics, LLC to charge my credit/debit card as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider receives written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider reasonable opportunity to act (Minimum 30 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new Payment Plan Authorization Form.

All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of \$25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature

Date