

Legends Cheer Academy

Auto-Pay and Payment Agreement Form

I acknowledge receipt of and have read the Legends Cheer Academy (LCA) Competition Handbook and all forms related to the LCA Competition Teams. I fully understand the financial policies and procedures of Legends Cheer Academy, including the fact that there are no refunds if my child quits the team, or is asked to leave LCA. I agree to be responsible for all charges incurred by my athlete, including but not limited to competition fees, cheer gear, late fees, etc.

I understand that for the 2008-2009 competition season, the "LCA Auto-Pay" program is voluntary, but strongly suggested. For the 2009-2010 competition season, the LCA Auto Pay program will be mandatory.

At anytime that my account becomes past due, I agree to supply LCA with a credit or debit card that will be charged on the 5th of every month. If my card is declined, I understand that there will be a 10% late fee applied to my account. This authorization shall remain in full force and effect until LCA has received written notification from athlete/parent of its termination in such time and in such manner as to afford LCA a reasonable opportunity to act upon it. I authorize all of the above with my signature.

Athlete Name: _____

Parent/Guardian Name: _____

Parent Phone: _____

Parent/Guardian Signature: _____

Credit/Debit Card # _____ **Exp. Date:** _____

Cardholder Name: _____ ZIP Code: _____

Billing Address: _____

Signature: _____

Date: _____