



PAYMENT AUTHORIZATION

Athlete's Name: _____

I, _____, agree to have the following credit card or bank account used as my **primary payment method**.

☐ **Credit Card (3.5% fee will apply)**

Name (as listed on the card): _____

Card Number: _____

Expiration Date: _____ CVV Code: _____ Type: Visa Mastercard Discover

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature: _____ Date: _____

☐ **Cash or Zelle**

I understand that payment by cash or Zelle must be received **BEFORE** the 1st or my secondary payment method will be charged.

IT IS REQUIRED THAT THE FOLLOWING CREDIT CARD INFORMATION BE SUBMITTED TO BE USED AS AN ALTERNATE PAYMENT METHOD IN THE EVENT OF NON-PAYMENT, INSUFFICIENT FUNDS OR ANY OTHER REJECTION OF PAYMENT.

Mandatory Second Credit Card

Name (as listed on the card): _____

Card Number: _____

Expiration Date: _____ CVV Code: _____ Type: Visa Mastercard Discover

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature: _____ Date: _____

By signing below, I agree to allow Infamous Athletics, LLC to automatically charge my credit card on or about the 1st day of each month during the registration of my child as a student with Infamous Athletics for all tuition and related expenses associated there within. I agree to allow Infamous Athletics, LLC to immediately charge my secondary credit card listed above for non-payment, denial or insufficient funds. I understand that when I a change is made to the above cards on file I must also complete a new payment authorization form. I understand that if I wish to change or cease payments, I must notify Infamous Athletics, LLC in writing two week prior to such change.

Signature: _____ Date: _____