



AUTOMATIC BILLING AUTHORIZATION FORM

DATE: _____

CAL ELITE ACCOUNT NAME: _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS FOR THIS CREDIT CARD: _____

AMOUNT: **BASED ON SCHOOL TUITION**

CREDIT CARD #: _____ (3 digit Security Code) _____

EXPIRATION DATE: _____

OPTION #1: PLEASE ONLY BILL SCHOOL RELATED FEES TO THIS CARD _____

OPTION #2: PLEASE BILL ALL ACCOUNT CHARGES TO THIS CARD (I have other children that are not on team and are taking regular classes. I would like to add those class fees to this card each month) _____

Tuition is billed on the 15th of each month and is due by the 25th of the month. We start processing automatic billing on the 20th of the month.

SIGNATURE: _____