All-Star Cheer & Dance Academy
EZ Pay Membership Form

Student's Name: _____ Date: _____

Parent's Name: _____ Phone #:(____)_____

Class type & frequency: _____/_____ Recurring Monthly Tuition Rate: _____

OPTION #1: Credit Card (CC) _____ As a member of the EZPay Program, I will be using my credit card. ASTA will make best business efforts to charge all monthly tuition rates by the 5th of every month but reserve the right to charge the agreed upon tuition rate anytime during the month. Also yearly registration will be charged when due. If credit card is declined for insufficient funds you will be charged $35.00.

Card type: (circle the one that applies) VISA MASTERCARD

Number: _____ Expiration date: _____

Name as it appears on the card: _____

Mailing address that credit card bill is sent to:

_____

(Street) (City) (State) (Zip)

Authorized Signature: _____

Please make sure that ASTA has a current **e-mail address.**

_____

OPTION #2: Electronically debit checking or savings account (ACH) _____ As a member of the EZPay Program, the monthly tuition rate will be electronically withdrawn (debited) from either my checking or savings account. ASTA will make best business efforts to charge all monthly tuition rates by the 5th of every month but reserve the right to charge the agreed upon tuition rate anytime during the month. **Attached is a voided check**. Also yearly registration will be charged when due.

Name on check: _____ Bank Name: _____

Routing #: _____ (nine digits) Account #: _____

Authorization: By signing this EZPay Program Membership Form I agree to the recurring monthly tuition rate that is noted above. I understand that I am responsible for the transaction as detailed above (either credit card or checking/savings account debit). ASTA will make best business efforts to charge all monthly tuition rates by the 5th of every month but reserve the right to charge the agreed upon tuition rate anytime during the month. Checking/Savings account transactions that are returned due to non-sufficient funds carry a $35.00 NSF fee and will be automatically debited from your account. I also understand that to change from one payment option to another or to withdraw from any class or program I must submit written notice by the 20th of the preceding month for that change or withdrawal to be effective for the following month.

_____ Date: _____

Parent or Guardian, Student over 18 years of age Signature