

Parent's Name: _

All Star Swim Academy Payment Option Form Phone Number:

Student(s) Name(s):	Email:
Please select method of payment:	
Automatic Debit from a CREDIT/DEI	BIT CARD
We accept Visa MasterCard Discover Card Number: Verification Code: Name as it appears	Expiration Date:/ on card:
Terms and Conditions of Payment:(initial) All Tuition fees are due by the 5th of 6 month. In the event that an automatic debit transanumber or pay with cash. There is a \$10 fee for definitial) Tuition can be made with cash, how	each month. All automatic debits will be charged on the 5th of each action is declined, you will be required to provide a different card clined credit card transactions. ever a credit card will still be held on file in the event that the fee applied to any payment received after the 5th of the month.
·	reek of the month, the credit card on file will be charged
able to start classes until all fees have been paid. T	ration fee are due at the time of registration. Children will not be ruition will be pro-rated until the first automatic debit transaction. ected upon initial registration and every year thereafter. All
submit your written withdrawal notice no la date for the end of the month (e.g. if you wi your notice of withdrawal no later than Aug 15 th of the month, will be charged a \$35 Later	hild/children from swim lessons, you are required to ter than the 15 th of the month, in order to have a stop sh to stop lessons on August 30 th , you must submit just 15 th .) Clients who submit a withdrawal form after the e Filing fee per student. If a withdrawal form is not ou are automatically re-enrolled for the following month
Conditions of Payment set forth above, including b	as indicated above. I have read and agree to the Terms and out not limited to my obligation to provide All Star Swim Academy .5 th of the month when I wish to cancel my enrollment.
Signature of Parent/Guardian:	Date: