

JOEL BABA's SCHOOL OF GYMNASTICS, INC.
2018-2019
MONTHLY CREDIT CARD PAYMENT FORM

PARENT NAME: _____

CHILD'S NAME: _____ CLASS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ CELL: _____

___ **VISA** ___ **MASTERCARD**

CARD NUMBER: _____

EXPIRATION DATE: ____/____ SECURITY# _____

NAME AS IT APPEARS ON CARD _____

What would you like your card used for:

Joel Baba's Fees:

___ Registration Fee ___ Tuition ___ Recital Fee ___ Recital Leotard

OPTIONS PICK ONE:

___ I would like my credit card automatically charged on the first of the month. **(A \$3.00 processing fee will be added.)**

___ I would like to make my own payments. I understand if my tuition is not paid by the 15th of the preceding month, my credit card will be charged on the 16th. **(A \$5 processing fee will be added to your charge after the 15th.) If a charge is declined or cannot be processed, a \$20 late fee will be added to your account. Late fees will be strictly enforced.**

I, hereby authorize, Joel Baba's School of Gymnastics, Inc. to charge the above credit card for the expenses listed above when due

_____ Date _____
Purchaser sign here