



# AUTOPAY AUTHORIZATION

### Payment Method (Choose ONE Only):

VISA    MasterCard    Discover    AMEX    DEBT

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Card Security Code (3 digits): \_\_\_\_\_ Billing Zip Code for Card: \_\_\_\_\_

### Name as it appears exactly on card:

First \_\_\_\_\_ Last \_\_\_\_\_

I hereby authorize Champions Academy (CAUSA), to charge the credit card listed above on the first day of each month under the following terms: Full charges for programs/classes enrolled in as described under CAUSA policies and fee schedules plus any additional fees including but not limited to memberships, meets, uniforms, etc. (Note: fees are subject change.)

I agree to notify CAUSA immediately of any change in the status of my account including but not limited to card expiration, name/address change, limitation of use, lost or stolen card, etc. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late fees incurred. I understand that the only way I can stop my automatic payment is to submit to CAUSA a 30-day written and signed **"Stop Auto Billing/Payment Notice"** accepted by CAUSA on the last business day of the month prior to the effective date I wish to terminate attendance of CAUSA programs or change bill payment method to cash/check and that I am responsible for full payment of all charges until that one (1) month period has elapsed, whether or not the attendance of those person(s) covered under this account is active. I further agree that I am responsible for all applicable fees for the full month following the submission of the **"Stop Auto Billing/Payment Notice."**

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date