## **Recurring Monthly Payment**

For your convenience, The Athletic Edge now requires your child's monthly tuition payment to be made via Recurring Monthly Payments using; 1) Automatic Check Deduction, 2) VISA, MasterCard or Discover Credit Card, or 3) Bank Debit Card. Recurring monthly payments will be deducted between the 1st and the 15<sup>th</sup> business day of each month (you may choose the date). A \$10.00 Late Fee will be added to your monthly tuition if a deduction is declined or other payment arrangements have not been made by the 15<sup>th</sup> of the month.

I agree to pay the total amount according to the card issuer agreement. By signing below, I affirm that I understand the Monthly Recurring Payment will be charged to my account until such time as The Athletic Edge receives, in writing, a **30 day notice** of my intention to quit or take time off.

Signature	Date			
Print Name				
	elds are require ASE PRINT CLEARLY			
Student Name:				
Date for recurring payment: 1st	5 <sup>th</sup>	10 <sup>th</sup>	15 <sup>th</sup>	
Amount to be charged monthly: \$				
Email:				
Phone Number(s):				
Visa, Mastercard, Discover Credit (	Card or Bank Deb	it Card		
Name on card:				
16 Digit Card Number:				
Expiration Date:	3 Digit Security Code:			