

# Tennis Central Auto Pay Form

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Adult Programs:

Player Name: \_\_\_\_\_ Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Cost: \_\_\_\_\_ Deposit: \_\_\_\_\_ Date: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Player Name: \_\_\_\_\_ Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Cost: \_\_\_\_\_ Deposit: \_\_\_\_\_ Date: \_\_\_\_\_ Balance Due: \_\_\_\_\_

## Junior's Programs:

Player Name: \_\_\_\_\_ Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Cost: \_\_\_\_\_ Deposit: \_\_\_\_\_ Date: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Player Name: \_\_\_\_\_ Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Cost: \_\_\_\_\_ Deposit: \_\_\_\_\_ Date: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Player Name: \_\_\_\_\_ Program: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Cost: \_\_\_\_\_ Deposit: \_\_\_\_\_ Date: \_\_\_\_\_ Balance Due: \_\_\_\_\_

Total Due: \_\_\_\_\_

## Payment Plan

Balance will be paid in monthly installments automatically deducted without interest from the credit card listed below. All programs will have 2 sessions with 3 installments. I authorize Tennis Central to automatically charge my credit card for the monthly amounts listed below due under this payment plan.

Visa       Master Card       American Express       Discover Card

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown heron and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

Season Courts/Adult Clinic: October \$ \_\_\_\_\_ November \$ \_\_\_\_\_ December \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

February \$ \_\_\_\_\_ March \$ \_\_\_\_\_ April \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Jr. Programs: October \$ \_\_\_\_\_ November \$ \_\_\_\_\_ December \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

February \$ \_\_\_\_\_ March \$ \_\_\_\_\_ April \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

TCA: Oct. \$ \_\_\_\_\_ Nov. \$ \_\_\_\_\_ Dec. \$ \_\_\_\_\_ Jan. \$ \_\_\_\_\_ Feb. \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Please note that there are no refunds or credits for missed classes and you are responsible for the entire balance. If your payment fails to clear the bank processing, a \$25.00 overdraft charge will be added to your account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

The staff will explain our monthly billing process.