

AUTOPAY AGREEMENT 2016-2017

Last Name: _____ First Name: _____

Member Number (Phone #): _____

Email: _____

Credit Card Information: **CARD ON FILE**

C/C# _____

EXP: _____ CVC #: _____

TYPE (Circle): **VISA** **MASTERCARD** **AMEX** **DISCOVER**

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

AUTOPAY AGREEMENT: balance will be paid in monthly installments without interest from credit card listed below. I authorize Kings Highway Tennis Club to automatically charge my Visa, MasterCard, American Express or Discover card.

FAILED PAYMENT POLICY:
If your credit card declines during any month and we attempt to reprocess it and a second attempt is also declined, you will be responsible for the entire balance to be paid in full.

Signature: _____ Date: _____

<input style="width: 40px; height: 30px;" type="checkbox"/>	<p>Set-up Fee: \$25 per season. (ONE-TIME PER SEASON & NONREFUNDABLE) (Oct 1, 2016 — May 1, 2017)</p>
<p>DATE PAID: _____</p>	

MONTHLY PAYMENTS / OFFICE USE ONLY

OCT	NOV	DEC	JAN
FEB	MAR	APR	MAY

8 INSTALLMENTS

Adult Clinics, Junior Clinics, Flights & Private Lessons

Name	Program Session	Cost	Deposit	Balance

4 INSTALLMENTS (Oct – Jan)

Season Courts, Session 1 High Performance and Red Ball

Name	Program Session	Cost	Deposit	Balance

4 INSTALLMENTS (Feb – May)

Session 2 High Performance and Red Ball

Name	Program Session	Cost	Deposit	Balance