



PAYMENT PLAN AUTHORIZATION FORM
K2 Academy of Kids Sports

Name on Card _____

Child's Name _____

Last 4 digits of card number: _____ CVV: _____ Exp. Date _____

Billing Address: _____

Please pick a monthly charge date

Monthly on 1st

Monthly on 15th

Special payment arrangements (available upon request): _____

I hereby authorize K2 Academy of Kids Sports to automatically charge the above card for my program(s) tuition payments, the annual Membership Fee upon enrollment and each year on my anniversary month, and all other past due charges that have accrued.

Authorized Signature

Date

_____ I understand that my card will be charged on the date circled above each month for my gymnastics tuition and any other past due balance.

_____ I understand that I am responsible for payment of classes up until the drop date and I may have a balance due on my account.

_____ I understand I am registering my child for a Year Round program. Should I decide to discontinue the program, *I will drop in person at K2 Academy with a Customer Care Team Member. I understand that I can not drop by phone or email.* Please note, the Annual Class Membership Fee of \$30 is non-refundable and K2 Campus programs have a 2 week drop notice.

_____ Requests, to change your auto charge date, or credit card number must be submitted 72 hours prior to your current date to guarantee the request.

_____ K2 Academy assesses a late fee on the 16th of each month of \$25 for all tuitions not paid, including those from expired or invalid cards.

OFFICE USE ONLY:

Entered CC info into IClass: _____ Enter Keyword: _____ Charged clients ledger: _____

AR: 2nd check Keyword: _____ Enter online gateway: _____