

# Empire All Star Cheerleading & Gymnastics

## Debit/Credit Card Recurring Payment Authorization Form

Schedule your payments to be automatically charged to your debit/credit card. You just have to complete and sign this form to get started!

### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, American Express or Discover card. You will be charged the amount indicated below for each billing period. A receipt will be sent to you via text message or email and each charge will appear on your statement as **Cote & Martin LLC**. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 3 days prior to the payment being collected.

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### Please complete the information below:

I \_\_\_\_\_ (full name) authorize Cote & Martin LLC d/b/a Empire All Star Cheerleading & Gymnastics to charge my debit/credit card indicated below for \$\_\_\_\_\_ on the 1st of each month for a period of \_\_\_\_\_ months starting \_\_\_\_\_, 2019/2020 and ending \_\_\_\_\_, 2019/2020.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

**Cardholder Name** \_\_\_\_\_

**Account Number** \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**CVV2** (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business of Cote & Martin LLC dba Empire All Star Cheerleading & Gymnastics to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this debit/credit card and that I will not dispute the payment with my credit card company; provided the transactions correspond to the terms indicated in this authorization form.