

**Instructional Youth Programs**  
**Credit Card Recurring Payment Authorization Form**

Schedule your payments to be automatically charged to your credit card. Just complete and sign this form to get started!

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your Visa, MasterCard or American Express. You will be charged each billing period for the total amount due for that period. A receipt will be emailed to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided if the total payment is under the amount authorized below. If your bill is more than that amount, or the payment date changes, you will receive notice from us at least 10 days prior to the payment being collected.

---

Please complete the following information below:

I, \_\_\_\_\_, do hereby authorize JBER Instructional Youth Programs to charge my  
(Full Name)

credit card indicated below on:

The **second business day** of each month for payment of my Instructional Class Fees in the amount of \$ \_\_\_\_\_

Child/Children's Name(s) \_\_\_\_\_ Class, Day, and Time \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Account Type: ( ) Visa ( ) MasterCard ( ) American Express

Cardholder Name \_\_\_\_\_ Acct. # \_\_\_\_\_

Expiration Date \_\_\_\_\_ CVN # \_\_\_\_\_

Billing Address: \_\_\_\_\_ Phone # \_\_\_\_\_

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

I understand that I will receive advance notice of the charge if it exceeds the amount authorized. I understand that if my card is declined I will be subject to a **LATE FEE OF \$10 PER CHILD PER CLASS**. I understand that failure to pay all fees and charges by **COB ON THE 15<sup>TH</sup> OF THE MONTH** will result in my child being unenrolled from the class. I understand that should my child be unenrolled from a class, all fees and charges will be added to any outstanding balance on my account. I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. 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. 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 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Signature \_\_\_\_\_

Date \_\_\_\_\_