

Cedar Stars Soccer Academy

Payment Plan Application

2020-2021 Season

3 Empire Boulevard, South Hackensack, N.J. 07606

Instructions for completing the Payment Plan application for CSA

1. Complete all requested information on the payment plan application.
2. **Attach a copy of a valid photo ID.**
3. Sign and date the form.
4. Send or drop off the application to Cedar Stars Academy (Monmouth):

Cedar Stars Academy

3 Empire Boulevard

South Hackensack, N.J. 07606

5. CSA cannot guarantee approval of payment plans for applicants

Application for Requesting a Payment Plan.

It is the intent of CSA to allow as many children as possible the opportunity to play soccer. Each year the Academy will make exceptions based on circumstances to agree to extend the payment terms. In order to fairly make that exception, the information on this payment plan form must be completed. You will be notified of the status of your application upon review. If you need help completing this form please contact a CSA staff member.

Name of Player(s) - if you have more than one (1) child in CSA:

- **Player's Full Name (Print):** _____
- **Division & Team Name (Print):** _____
- **Player's Full Name (Print):** _____
- **Division & Team Name (Print):** _____

Name of Parents or Legal Guardian:

Father: First Last

Mother: First Last

Street Address: City, State Zip Code Home Phone

Please see other side.

The following question will be used solely to determine need for a payment plan.

Please describe your need to request a payment plan below:

Total Amount Due \$

By signing, I attest that the information provided on this form is accurate:

Signature of Parent or Guardian Date

For Office Use Only (below this line)

This payment plan was reviewed on: (Date) _____ **Division:** _____

Name of Player (s): _____

Team & Age Group: _____

Parent's Name: _____

Parent's Contact number: _____

Photo ID: Yes No

Manager Approval Signature: _____ **Date:** _____

Cedar Stars Academy Payment Plan Agreement 2020-2021 Season

The Cedar Stars Academy Board of Directors have reviewed your request for the following Cedar Stars Academy Financial Payment Plan Agreement. Your credit/debit card will be charged as stated below.

Credit Card Payment Authorization Form

**Please return to: Cedar Stars Academy, 3 Empire Boulevard, South Hackensack, N.J. 07606
Attn: Accounting Department**

Player's Name:	Division location:
Telephone Number:	Team:
Email Address:	Payment Amount Due: \$

Please note the payments must be divided into equal payments on the same day of the month. You may pick the 1st through the 28th. Example: \$1,000.00 due = 4 payments of \$250.00 a month to be deducted on the 15th of the month (\$250. today, \$250 10/15, \$250 11/15 and final payment \$250. 12/15)

- | | |
|--|------------|
| • Amount Charge: \$ (+ \$10 installment fee) | Due Date : |
| • Amount Charge: \$ (+ \$10 installment fee) | Due Date : |
| • Amount Charge: \$ (+ \$10 installment fee) | Due Date : |
| • Amount Charge: \$ (+ \$10 installment fee) | Due Date : |

Circle one: Mastercard, Visa, or American Express

Credit Card #:	
Security code#: (3 digits on back of the card) (Amex Only 4 digits in Front)	
Expiration Date:	

Name of Cardholder: _____

Cardholder's Address: _____

City, State & Zip Code: _____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.

I, _____ (please print) authorize Cedar Stars Academy to charge the above credit card for amounts stated above.

Cardholder's Signature

Date