

# Cedar Stars Soccer Academy

## Payment Plan Application

2020-2021 Season

200 Tornillo Way, Tinton Falls, N.J. 07712

### **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 –Monmouth**

**200 Tornillo Way**

**Tinton Falls, N.J. 07712**

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:

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**Total Amount Due \$**

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

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Signature of Parent or Guardian Date

**For Office Use Only (below this line)**

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**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 - Monmouth, 200 Tornillo Way, Tinton Falls, N.J. 07712  
Attn: Accounting Department**

<b>Player's Name:</b>	<b>Team:</b>
<b>Telephone Number:</b>	<b>Payment Amount Due: \$</b>
<b>Email Address:</b>	

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

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|--|------------|
| • 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

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

**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**