Season Court Player Payment Form (B)
2012 – 2013

Yonkers Tennis Center

EACH PLAYER must complete and return this form to the captain. Forms must be submitted the front desk no later than March 7th, 2012 for Auto-Pay, and March 14th, 2012 for Pay in Full.

Captain: _____ Level:_____

Day:_____ Time:_____

Name: _____

I fully understand the payment process, reservation options and have read the necessary supporting prices, dates and rules.

Option 1: 5% discounted Pay in Full Renewal.
My group has decided to pay in full. I understand it is my responsibility to submit the correct payment in full and failure to do so will result in our discount being revoked if payment is not received by March 14th.

Cost: $_____

Payment method:
☐ Cash ☐ Check (*payable to Yonkers Tennis Center)*

☐ Visa ☐ MasterCard

Card Number_____ Exp.Date _____

Signature_____
Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligation set forth in the Card holder's agreement with the Issuer.

Option 2: Auto-Pay Program Renewal
My group has decided to leave the required deposit and participate in the auto-pay program. I understand it is my responsibility to submit a completed and signed payment form no later than March 7th. I understand the auto-pay plan period is September 15th through January 15th.

Cost: $_____ Deposit: $_____ Balance due: $_____

Auto-Pay – Checking Account
☐ I understand and authorize the balance to be paid in 5 equal installments on the 15th day of the month, automatically deducted, without interest, from the checking account of the voided check attached. I understand no administrative fee applies. If my payment fails to clear bank processing, a $25.00 overdraft charge will be added to my account.

Signature_____Date_____

Auto-Pay – Credit Card
☐ I understand and authorize the balance to be paid in 5 equal installments on the 15th day of the month, automatically deducted, without interest, from the credit card listed below. I understand there is a $5.00 administrative fee per credit card per installment. If my payment fails to clear bank processing, a $25.00 overdraft charge will be added to my account.

☐ Visa ☐ MasterCard

Card Number_____ Exp.Date _____

Signature_____
Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligation set forth in the Card holder's agreement with the Issuer.