

FORM B

Seasonal Court Player Payment Form 2011-2012



Each player must complete, sign and return this form to the captain no later than March 12th

Captain: _____ Level: _____

Day: _____ Time: _____

Name: (First) _____ (Last) _____

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 12th

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 12th. 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.