



Clinic Payment Form

Adult Junior

Name: _____ Email: _____

Sex: Male Female Age: _____ Date of Birth: ____/____/____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Clinic Day: _____ Time: _____ Start Date: _____ Cost: \$ _____

Option 1- Pay in Full

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

I have 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 in order to be enrolled in the clinic. I understand the auto-pay plan period is _____ 15th through _____ 15th.

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

Auto-Pay – Checking Account

I understand and authorize the balance to be paid in ____ 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 ____ 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.