

Polaris High School

MONTHLY CREDIT CARD PAYMENT

Polaris High School is offering you the opportunity to have your child's registration fees automatically charged monthly to your credit card.

Student Name: _____ Student # _____

Monthly Amount \$ _____ Number of
Months: _____

*****Max number of months is 6, all accounts must be paid in full by May 5th*****

The payment will be charged to your card on the 5th of each month. I understand that there will be NO FEE for this transaction. I understand that I am responsible for ensuring that funds are available in my account to cover the monthly payment. I understand that I must give 15 days prior notice if I need to change the amount or the card number (including expiration dates). I am responsible to notify Polaris High if I close the account.

If the account is defaulted on or delinquent, the balance will be turned over to CheckNet Collection Agency. Should collections become necessary, I hereby expressly agree to pay all costs of collections including any additional fees up to 50% whether or not the account is turned over to an outside collection agency. I further agree to pay all court costs and attorney fees should legal action become necessary. I understand and accept this financial agreement made with Polaris High School.

I hereby authorize Alpine School District/Polaris High to transfer the above amount(s) each month for the next _____ months to cover my student's registration fees for the current school year.

Guardian Name: _____ SSN# of Guardian: _____

Home Phone # : _____ Cell Phone #: _____

Drivers License# of Guardian: _____

Credit Card #: _____

Exp Date: _____ 3 digit # _____

Visa _____ MasterCard _____ Discover _____

*****We do not accept American Express.*****

Guardian Signature: _____ Date: _____