

# 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: _____
Total amount Owed \$ _____	

***\*\*Max number of months is 6, HOWEVER accounts must be paid in full by May 3rd\*\****

The payment will be charged to your card on the 5<sup>th</sup> 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 Cherrington Firm 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:** \_\_\_\_\_

**Best Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Drivers License# of Guardian:** \_\_\_\_\_

Credit Card #: _____
Exp Date: _____ 3 digit # _____
Visa _____ MasterCard _____ Discover _____ Amer Express _____

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_