



SACRAMENTO STATE AQUATIC CENTER

A PROGRAM OF ASSOCIATED STUDENTS, INC.

PAYMENT PLAN AGREEMENT

VARSIY FALL 2019

The Aquatic Center provides payment plans for athlete's families who cannot afford to pay for the full fees when due. The Aquatic Center provides this payment plan to help those who otherwise would not be able to participate in crew. Please fill out all information on the following three pages.

This Payment Plan Agreement for the Capital Crew semester dues is made and entered into by

_____ (parent/guardian name) for _____ (athlete)
and the Sacramento State Aquatic Center ("SAC"). Parent/Guardian and SAC have entered into a payment plan agreement and Parent/Guardian agrees to make payment in accordance with the terms provided below:

AGREEMENT TERMS & CONDITIONS

Please initial each term of the agreement below:

I understand that payment #1 will be processed when I submit my Payment Plan Agreement. I understand that I must submit my Payment Plan by August 30, 2019 or my athlete will not be allowed to practice.	
I understand that all fees for Payment Plans must be paid with the same Visa or Master Card and that remaining payments will be automatically charged to that card on the dates listed on the payment schedule (see page 2.)	
I understand that the balance must be paid in full by December 5, 2019 .	
If I have an outstanding fees after December 5, 2019, I will be subject to a \$50.00 late fee .	
I understand that in the event my athlete no longer participates in Capital Crew, I am still liable for the unpaid balance.	
I understand that if any of my payments are not paid that I have two days to make the payment. After two days my athlete will not be allowed to practice until the payment is paid.	
I understand that this Payment Plan Agreement form is only for Fall 2019.	
I understand that the unpaid balance may be paid at any time.	
I agree that if my card is lost or stolen I will submit a new credit card payment form before my next payment is due. I verify that my credit card does not expire before December 2019.	
I understand that it is my responsibility to make my payments and to make sure my payments are being made.	
I confirm that my Credit Card does not expire before December 2019	

Total amount for payment plan: \$955.00



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**PAYMENT PLAN AGREEMENT
SCHEDULE**

Payment #	Reminder Date:	Payment Date:	Monthly Fee
#1	Payment will be charged when form is turned in.		280.00
#2	10/1/2019	10/5/2019	225.00
#3	11/1/2019	11/5/2019	225.00
#4	12/1/2019	12/05/2019	225.00

I agree and allow the Sacramento State Aquatic Center to charge my credit card (*last four digits on the card:* _____) on the dates listed above for my athletes Fall 2019 Capital Crew fees. The charge I will see listed on my card will be Associated Students Inc. If I choose to pay my boosters fees I will see each payment spilt into two charges.

Credit Card Holders Printed Name: _____ Date: _____

Credit Card Holders Signature: _____

Email for Payment reminder: _____

If applicable: I will be completing the application(s) for the following scholarship(s):

- Boosters Scholarship
 Aquatic Center Scholarship.

I understand that I will be charged the first payment on the payment plan, even though I am applying for scholarship. _____ (initial)

I understand in the event that my athlete is not awarded a scholarship I am still liable for the remaining amount for my athletes Aquatic Center fees. _____ (initial)

This form will only be accepted if all fields are filled out, signed and the minimum of payment #1 is made with the credit card that is to be charged for all payments. Payment #1 will be charged when turned in.

I understand that I have read the Payment Plan Agreement. I understand and accept all its terms in full.

Parent/Guardian Signature

Date:



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Capital Crew Payment Plan Credit Card Authorization Form

Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ or _____

Email: _____

Athlete's Name: _____

Squad: Varsity Men _____ Varsity Women _____

I agree to allow the Sacramento State Aquatic Center to charge this credit card on the dates listed on my Capital Crew Payment Plan below for Fall 2019 fees. I will see the charges listed on my credit card as Associated Students Inc. I understand that in the event my athlete no longer participates in Capital Crew, I am still liable for the unpaid balance on my card will still be charged according to the payment plan terms and conditions. I also understand that this form must be submitted to the front office in person or thru fax and CANNOT be emailed.

Payment #	Payment Date:	Monthly Fee
#1	Charged when form is turned in	280.00
#2	10/5/2019	225.00
#3	11/5/2019	225.00
#4	12/05/2019	225.00

Name on Card: _____

VISA/MC#: _____

Expiration Date: _____

(I verify that the expiration date is after December 2019 _____ initial)

CVC #: _____

Signature: _____