



Band Fee Installment Payment Agreement

www.ringgolband.org

The Ringgold Band Boosters are pleased to offer installment credit card payments to pay your student's band fees.

The Band Booster treasurer will initiate a charge to the credit card indicated below on an agreed upon date each month (up to 11 months) until the band fee is satisfied in its entirety or this authorization is cancelled in writing.

Payments made via this installment plan will be subject to a 3.5% service charge plus .15 to offset the PayPal processing fee. To illustrate, an installment payment of \$100.00 will appear as a charge of \$104.00 on your credit card statement.

Student name: _____

Responsible adult name: _____

Responsible adult email & phone #: _____

I would like to make a payment of \$_____ per month toward my student's band fees. I understand the charge to my credit card indicated below will include a service charge of 3.5% + .15 to offset the PayPal processing fee.

This charge will be initiated on the _____ (15th or 30th) of each month beginning in _____ (month) and will continue until such time as the band fee is paid in full or I cancel this authorization in writing.

I understand the Ringgold Band Boosters, Inc. are not responsible for any overcharges or late payments I may incur on my credit/debit card.

If you have questions or would like to cancel this authorization, send an email to rmtbtreasurer@gmail.com or have your student put a signed note in the band lockbox.

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us at rmtbtreasurer@gmail.com or in writing. This authorization will remain in effect until fees are paid in full or cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CCV: _____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize Ringgold Band Boosters, Inc. to charge my credit card above for agreed upon band fee. I understand that my information will be saved to file for future transactions on my account.

Parent/Authorized Party Signature
Electronic signature shall serve as proper authorization

Date