

**AUTHORIZATION FOR AUTOMATIC PAYMENT**  
**(Credit Card, Debit or Bank Account)**

Customer Name: \_\_\_\_\_ Address \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone \_\_\_\_\_

I hereby authorize Atlantic Gymnastics Training Center, Inc. to charge the below referenced credit card account or selected bank account automatically each and every 1 Month and apply said charges toward the payment of the charges I owe Atlantic Gymnastics Training Center, Inc. . I understand that I will remain responsible for recurring charges and additional late fees should my credit card be canceled or otherwise made unavailable for payment. I further understand that I will remain responsible for recurring charges, additional late fees and other applicable charges if the withdrawal to the bank account I have listed above is denied for insufficient funds or the account otherwise becomes unavailable. Charges will be withdrawn on the 17<sup>th</sup> of each month.

In the event I have selected to have automatic payments made from a bank account, I hereby authorize Atlantic Gymnastics Training Center, Inc. to initiate automatic withdrawals via electronic fund transfer by means of the Automated Clearing House (\* ACH). I understand and agree to abide by the Operation Rules of the National Automated Clearing House Association (\*NACHA) in existence as of the data of this Agreement and as amended from time to time which govern all such transactions. I acknowledge that no Entries may be made that violate the Rules or the laws of the United States. I agree to demnify the Originating Depository Institution (\*ODFI) and any third party services providers involved in processing entries made hereunder against all claim, demand, loss, liability or expense including Attorney's fees and costs that result directly or indirectly from my 1) failure to follow the rules or 2) violations of law.

Amount of Monthly Withdrawal \$ \_\_\_\_\_ starting on \_\_\_\_\_ for \_\_\_\_\_. These payments will continue unless otherwise informed, with the last payment on May 17th 20 \_\_\_\_ for June\*.

**\*I understand that if I need to cancel this account before May 17th I must submit a cancellation form by the 10th of the month prior to the next scheduled payment. Written cancellation is required. I understand that cancellation forms need to be filled out at the office or mailed in by certified mail. Email or phone notification will not be accepted as a valid form of cancellation. Any changes to my account need to be done by the 10th of the month prior to next scheduled payment.**

**\*NO REFUNDS FOR MISSED CLASSES Initial Here:** \_\_\_\_\_

Credit Card / Debit Card Information

MC      Visa      Disc      AM Exp  
Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Checking Account:  
Banking Institution: \_\_\_\_\_

Checking Account Routing # \_\_\_\_\_ Account # \_\_\_\_\_

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