

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

Customer Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please send confirmation email of any payments made to this account.

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 Charges will be withdrawn on the 17th of each month.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 date 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.

## MONTHLY PAYMENTS

Amount of Monthly Tuition \$ \_\_\_\_\_ starting on \_\_\_\_\_ for \_\_\_\_\_.

This payment will recur on a monthly basis until May 17<sup>th</sup> 20\_\_ for June classes.

If I need to cancel my child's classes before the month of June I understand that I must contact the office to fill out a cancellation form to stop these recurring payments **by the 10<sup>th</sup>** of the last month of anticipated enrollment.

I understand there are **NO REFUNDS FOR MISSED CLASSES.** \_\_\_\_\_ Initial Here.

I authorize Atlantic Gymnastics to charge the account listed below on a monthly basis for my tuition

Visa/MC/Amex/Disc \_\_\_\_\_ Exp \_\_\_\_\_

**OR**

Direct Debit from Checking Account: Banking Institution: \_\_\_\_\_

Account Routing Number: \_\_\_\_\_ Account # \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date