

Recurring Payment Authorization Form

Your monthly tuition payment will be automatically charged to your Visa or MasterCard. Please complete and sign this form. You will be charged the amount indicated below. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice prior to the payment being collected.

Please complete the information below:

I, _____, authorize **Stanly County Gymnastics, Inc** to charge my credit card the amount of _____ on the **1st** of each **month** my child is registered for classes.

Credit Card Information:

Circle type of card:		
Cardholder Name:	_____	
Credit Card Number:	_____	
Expiration Date:	_____	
Zip Code:	_____	
CVV Code:	_____	
Billing Address (street number only):	_____	

I understand that this authorization will remain in effect until I cancel it in writing at the front desk. I agree to notify **Stanly County Gymnastics, Inc.** in writing of any changes in my account information. I understand that I will be charged the full monthly tuition amount if I do not inform SCG of cancellation at least 30 days in advance of the monthly draft.

I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

This credit card may be used for other SCG programs (Fun Gym, Summer Camp, Birthday Parties) YES / NO

This credit card may be used for SCG apparel (leotards, shorts, shirts, etc) YES / NO

FOR OFFICE USE ONLY:

Child name: _____ Parent Name: _____

Class: _____ Start Month: _____

Email: _____