

Student Name(s): First _____ Last _____

(One form only for multiple children in same family)

Southeastern Gymnastics

Auto Payment Form

13601 Providence Road, Weddington, NC 28104
(P) 704-847-0785 ■ segoffice@aol.com ■ (F) 704-847-0587

Please complete the information below, selecting Option 1 or 2. Payments will be processed on the 1st of each month. The debit to your account will be the tuition amount for your class selection. Please refer to the current school year session form for the appropriate amount due. The following information will be held confidential.

Option 1: Credit Card or Bank Debits

Please provide the following information:

Visa ____ MasterCard ____ Discover ____ Amex _____

Name on Card: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____ / ____

Security Code: ____ - ____ - ____

I hereby authorize Southeastern Gymnastics, Inc. to collect monthly tuition, yearly registration fee and other client approved charges from the credit card account listed above. I am aware that this will occur on the first of each month. To discontinue this service, I must submit written notice of withdrawal from the program two weeks (30 days for team) in advance. In the event of a declined payment, a \$25 fee will apply.

Signature: _____ Date: _____

Option 2: Automatic Bank Account Drafts

Please provide the following information and a **voided check**:

Financial Institution: _____

Routing Number: _____ (first set of numbers)

Account Number: _____ (middle set of numbers)

I hereby authorize Southeastern Gymnastics, Inc. to collect monthly tuition, yearly registration fee and other client approved charges from the account listed above. I am aware that this will occur on the first day of each month. To discontinue this service, I must submit written notice of withdrawal from the program two weeks (30 days for team) in advance. In the event of insufficient funds, a \$25 fee will apply.

Signature: _____ Date: _____