



## AUTO PAYMENT FORM - REC

**Student Name(s):** First \_\_\_\_\_ Last \_\_\_\_\_

**Parent Name:** First \_\_\_\_\_ Last \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

### **OPTION 1: Automatic Credit Card or Debit Card Authorization**

Please provide the following information:

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Amex \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Billing Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Security Code: \_\_\_\_ Billing Zip 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 Transfer Authorization Form**

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

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ (first set of numbers)

Account Number: \_\_\_\_\_ (middle set of numbers)

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_ Consumer \_\_\_\_\_ Business

Phone number associated with Bank Account: \_\_\_\_\_

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