



AUTO PAYMENT FORM - TEAM

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 1st 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: _____