



GYMNAST AUTOMATIC WITHDRAWAL FORM 2018-2019

This Automatic Monthly Withdrawal Form authorizes Easley Gymnastics (Easlick Enterprises, LLC) to withdraw directly from the payer's checking account/credit card each month. Please complete Section 1 and 2 and sign.

SECTION 1A: Authorization for *Automatic Checking Monthly Withdrawal - \$5 MONTHLY TUITION CREDIT!*

Bank Name _____ Routing # _____

Checking Account # _____ Amount \$ _____

OR

SECTION 1B: Authorization for *Automatic Credit Card Monthly Withdrawal*

Credit Card # _____ Expiration Date _____

3 Digit Security # _____ Amount \$ _____

SECTION 2: *Personal Information*

Gymnast Name _____ Parent Name _____

Address _____

City/State/Zip Code _____

Phone _____ Email _____

_____ I hereby authorize Easley Gymnastics to initiate automatic withdrawal from my bank account/credit card each month on the 1st of each month.

_____ I understand I need to fill out a DROP Request form, giving 30 days notice should my child not want to continue classes. My account will be billed until the end of the 30 days.

Signature

Date