



**CHARLES JUNE**  
**Karate Institute**

650 E Fire Tower Rd (252) 7KARATE  
Winterville, NC 28590 (252) 752-7283

### **Credit/Debit Card *Monthly* Recurring Payment Authorization Form**

To enjoy the convenience of automatic billing, simply complete and sign this form to get started!

#### **Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your Visa, MasterCard or Discover card. Your card will be charged each month for the amount authorized – your regular monthly fee(s). The charge will appear on your monthly credit card statement.

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#### **Please complete the information below:**

I \_\_\_\_\_ authorize Charles June Karate and Landry Gray After  
(print full name)

School to charge my credit card indicated below on the \_\_\_\_\_ of each month for payment of my  
monthly Karate fees. (Choose 1<sup>st</sup> - 3<sup>rd</sup>)

The monthly charge will be in the amount of \$ \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa  MasterCard  Discover

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

CVS (3digit code) \_\_\_\_\_

Expiration Date \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined herein. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. This payment authorization is for the type of bill indicated above or for any early termination fee should I cancel my membership prior to the end of my initial membership enrollment period. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.