

**JOEL BABA'S SCHOOL OF GYMNASTICS, INC.**  
**2021-2022**  
**MONTHLY CREDIT CARD PAYMENT FORM**

Parent Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Cell: \_\_\_\_\_

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

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

Expiration Date: \_\_\_\_/\_\_\_\_ Security #: \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_

**What would like your card used for:**

Joel Baba's Fees:

Registration Fee: \_\_\_\_\_ Tuition: \_\_\_\_\_ Recital Fee: \_\_\_\_\_ Recital Leotard: \_\_\_\_\_

**OPTIONS PICK ONE:**

\_\_\_\_\_ I would like my credit card automatically charged on the first of the month. (A \$3.00 processing fee will be added.)

\_\_\_\_\_ I would like to make my own payments. I understand if my tuition is not paid by 15th of the preceding month, my credit card will be charged on the 16th. (A \$5 processing fee will be added to your charge after the 15th.)

**\*If a charge is declined or cannot be processed, a \$20 late fee will be added to your account. Late fees will be strictly enforced.**

I, hereby authorize Joel Baba's School of Gymnastics, Inc. to charge the above credit card for the expenses listed above when due.

\_\_\_\_\_  
Purchaser sign here

\_\_\_\_\_  
Date