

JOEL BABA'S SCHOOL OF GYMNASTICS, INC.
2024-2025
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