

Soar Moor Gymnastics

ACH / Credit Card Payment Authorization



You authorize regularly scheduled charges to your Credit Card or Bank Account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card or Bank Account Statement. The authority is to remain in full force and effect until Soar Moor Gymnastics has received written notification from you of the termination in such timely manner (by the 25th of the preceding month) as to afford Soar Moor Gymnastics a reasonable opportunity to act on it. The authorization is for Tuition Fees

I _____ authorize Soar Moor Gymnastics of Lake Norman to charge my Credit Card or Bank Account below for

Monthly Tuition: _____ Monthly Tuition and Fees _____ Beginning on 1st of every month

Billing Address _____ **Phone** _____

City, State, Zip _____ **Email** _____

Credit Card Information

- Visa - MasterCard - AMEX - Discover Cardholder's Name - _____

Credit Card Number - ____-____-____-____ Expiration Date - ____/____ Security Code (CVV) _____

Bank (ACH) Information - Checking Account - Savings Account

Name on Account - _____ Bank Name - _____

Account Number - _____ Routing Number - _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. 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. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Individual's Signature _____ **Date** _____