LEGENDARY MARTIAL ARTS ACADEMY

CONFIDENCE TODAY. SUCCESS TOMORROW.

Be Legendary.

Be Legendary.

RECURRING CREDIT CARD PAYMENT AUTHORIZATION

Please complete all fields below. This authorization will remain in effect until cancelled in writing in accordance with your Membership Agreement.

I authorize Legendary Martial Arts Academy LLC to automatically charge my credit/debit card for monthly tuition and any authorized recurring charges in accordance with my membership agreement.

Your payment information is stored securely and used only for authorized recurring charges in accordance with your Membership Agreement.

CARDHOLDER INFORMATION

Cardholder Name (as it appears on the card) _____

Billing Address _____

City _____ State _____ ZIP Code _____

Phone Number _____

Email Address _____

PAYMENT INFORMATION

☐ VISA ☐ MASTERCARD ☐ DISCOVER ☐ AMERICAN EXPRESS

Card Number

Expiration Date ____ / ____ (MM / YY)

CVV / CVC _____ *(3 or 4 digits on back of card)*

Billing ZIP Code _____

AUTHORIZATION DETAILS

Authorized Monthly Tuition Amount

$ _____

Payment Date (Check One):

☐ 1st ☐ 5th ☐ 10th

☐ 15th ☐ 20th ☐ Other _____

TERMS & CONDITIONS

- This authorization will remain in effect until I cancel it in writing.
- I understand that I must provide advance written notice to cancel or change this authorization.
- I certify that I am an authorized signer of this credit/debit card account.
- I understand that returned or declined payments may result in additional fees as outlined in my Membership Agreement.
- I authorize Legendary Martial Arts Academy LLC to securely store my payment information for recurring billing purposes.

Initial _____ *I understand this authorization will remain in effect until cancelled according to my Membership Agreement.*

SIGNATURE

Cardholder Printed Name _____

Cardholder Signature _____

Date ____ / ____ / ____ (MM / DD / YYYY)

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