



Recurring Credit Card Payment Authorization

You authorize regularly scheduled changes to your credit card. 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 statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least **10 days prior** to the payment being collected.

I _____ authorize **Legendary Martial Arts Academy** to charge my Credit Card indicated below for \$ 120.00 on the 1st of each **month**

Billing Information

Billing Address _____ Phone # _____
City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____
Account/CC Number _____
Expiration Date ___/___
CVV _____
Zip Code _____

I understand that this authorization will remain in effect until I cancel in writing, and agree to notify **Legendary Martial Arts Academy** 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. I acknowledge that the origination of Credit Card 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 and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Signature _____

Date _____