GYMNAST AUTOMATIC WITHDRAWAL FORM 2026-2027

This Automatic Monthly Withdrawal Form authorizes Strikeforce Athletics, LLC (hereinafter referred to as "Easley Gymnastics") to withdraw directly from the payer's checking account each month.

Complete Section 1 and 2 and sign.

SECTION 1: Authorization *for Automatic Checking Monthly Withdrawal*
(Online banking apps like Cash App and Chime are not accepted. They will not allow us to bill.)

Name on Account_____

Bank Name_____ **Routing #** _____

Checking Account #_____ **Amount $**_____

Monthly Tuition -(Preschool $98– Developmental $108 – Level 2 $113) 10% discount for additional classes or siblings

SECTION 2: Personal *Information*

Gymnast Name_____ **Parent Name**_____

Address_____

City/State/Zip Code_____

Phone_____ **Email**_____

My signature below authorizes Easley Gymnastics to initiate automatic withdrawal from my bank account each month on the 1st of each month. I will not dispute any charges for services rendered. I understand that this session does not end until May 19, 2027.

I understand I need to fill out a DROP Request form, giving 30 days' notice should my child not want to continue classes. My account will be billed until the end of the 30 days.

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Signature Date