



GYMNAST AUTOMATIC WITHDRAWAL FORM 2019-2020

This Automatic Monthly Withdrawal Form authorizes Easley Gymnastics (Easlick Enterprises, LLC) to withdraw directly from the payer's checking account each month. Please complete Section 1 and 2 and sign.

SECTION 1A: Authorization for *Automatic Checking Monthly Withdrawal* - **\$5 MONTHLY TUITION CREDIT!**

Name(s) on Account _____

Bank Name _____ Routing # _____

Checking Account # _____ Amount \$ _____

SECTION 2: *Personal Information*

Gymnast Name _____ Parent Name _____

Address _____

City/State/Zip Code _____

Phone _____ Email _____

_____ I hereby authorize Easley Gymnastics to initiate automatic withdrawal from my bank
Initial 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 23, 2020.

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

OPT OUT OF AUTOMATIC WITHDRAWAL

_____ I understand that Autopay is the preferred method of payment for tuition due. I also
Initials understand that if tuition is not paid by the 1st of each month, a \$10 late charge will be
incurred and my child will not be able to attend classes until it is paid in full.

Signature

Date