



GYMNAST AUTOMATIC WITHDRAWAL FORM 2020-2021

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*

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 31, 2021.

_____ 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.

Signature

Date