



# GYMNAST AUTOMATIC WITHDRAWAL FORM 2025-2026

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*

***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 \$95- Developmental \$105 – Level 2 \$110) 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 1<sup>st</sup> of each month. I will not dispute any charges for services rendered. I understand that this session does not end until May 21, 2026.

**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.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date