

TKD ELITE USA
GREATLAND MARTIAL ARTS
Anchorage ~ Eagle River

I, _____, authorize Tae Kwon Do USA LLC to charge my credit card on the first day of the month for dues in the amount of \$_____.

I understand that my card will be charged one time every month for the entire 6 month period until I give 30 days notice *in writing*, no earlier than the 5th month into the agreement. If my payment does not go through for **any** reason, I will be charged an additional \$35 fee. I will update TKD Elite USA LLC with new card information.

PRINTED NAME

Signature

Name of Student(s)

Anchorage or Eagle River / TKD or JUDO/HAPKIDO

CREDIT CARD INFORMATION

Please print legibly

Name on card _____

Card Type _____ 3 digit code _____ Exp _____

Card Number _____ - _____ - _____ - _____

Street Address _____ Zip _____

Email _____ Phone _____