



## Monthly Auto Draft Payment Agreement

Student Name:		Student Name:	
Student Name:		Student Name:	
Additional Students:			
Name on Card:			
Billing Address:		Zip Code:	
Last 4 digits of Credit/Debit Card:	Expiration Date:	3 Digit Code:	
<p><b><i>I hereby authorize Elite Athletics, Inc. to charge my credit card \$ _____ on the 1<sup>st</sup> business day of each month beginning _____ (Date).</i></b></p> <p><b><i>This information will remain on file until I complete a class withdrawal form and give my 30 day notice of withdrawal to Elite Athletics, Inc.</i></b></p> <p><b><i>All charges will appear as Elite Athletics and I will give the office 1 month written notice from the first of the month to discontinue these charges. I understand that any outstanding balance on my account will also be charged to this account upon withdrawal.</i></b></p> <p><b><i>I understand that any additional charges, i.e.: Open Gym, KidzNite and private lessons must be registered before and paid for via the Parent Portal or front desk prior to attending.</i></b></p>			
Cardholder Signature:		Date:	

**Elite Athletics, Inc.**  
**52 Barbour Drive, Forest VA 24551**  
**www.eliteathleticsva.com**  
**434-525-4813**