



AUTHORIZATION AGREEMENT AND PAYMENT SCHEDULE

Date: __/__/__ **Authorized Party:** _____

Name of Member/Student: _____

I (we), the undersigned, hereby authorize Company and Company's Agent, Sqaureup Inc. ("Agent") to initiate debit entries to the credit card or debit card bank account, as provided herein, at the depository financial institution ("Bank") as indicated by the routing number herein or credit card issuing bank ("Issuer") and Bank or Issuer to credit the same to such account. I (we) acknowledge that the origination of Charges and/or ACH transactions to my (our) account must comply with the provisions of U.S. law. I (we) further understand that this authorization will remain in full force and effect until Company or Agent has received written notice of its termination in such time and in such manner as to afford Company, Agent, Bank or Issuer a reasonable opportunity to act on it.

I (we) waive my right to receive advance notice of the deduction associated with the services provided by Company or Agent and further authorize a service charge not to exceed **\$35.00** for returned, unpaid charges and/or drafts from the Bank or Issuer and other fees and charges to be paid under this agreement. I (we) further warrant that I (we) are the owners or authorized signers on the referenced accounts and that I (we) have full authority to enter into this agreement.

CLASS TUITION:

- 3 Days a Week - \$280 per month. One (1) 9Volt MMA T-Shirt, Hand Wraps, Belt per student included.**
- 2 Days a Week - \$240 per month. One (1) 9Volt MMA T-Shirt, Hand Wraps, Belt per student included.**
- 1 Day a Week - \$180 per month. One (1) 9Volt MMA T-Shirt, Hand Wraps, Belt per student included.**

FAMILY DISCOUNT: With 3 or more Attendees the Class Tuition is reduced to 200 per month.

CLASS DRESS CODE: Only 9VOLT MMA t-shirt, No zippers.

MANDATORY EQUIPMENT NEEDED: Boxing gloves, you can find these on-line or at a local boxing store.

Grand Total Due at Signing. = \$ _____

Payment per month: \$ _____ for all students. Starting date of reoccurring payment: __/__/__ (collection date is either the 5th or the 15th day of the month (circle one)). **Credit/Debit Card (American Express, Discover, MasterCard, Visa).**

Payment will reoccur each month, continuing indefinitely. A minimum of 30 day written notice must be given to stop auto-pay. Contract programs will AUTO RENEW unless a minimum 30-day notice is given.

<p>Credit or Debit Card Acct# _____ Exp Date __/__/__ CVVC #: _____</p> <p>Name on Account : _____</p> <p>Billing Address: _____</p> <p>City : _____ St: _____ Zip: _____</p> <p>Email: _____</p> <p>Phone Number: _____</p> <p>Authorized Signer: _____</p>

Thirty (30) day written notice required to stop auto-pay and program renewals.

\$10.00 fee will be added to restart Automatic Payments.

\$35.00 fee per returned item or late/declined charge is applicable. _____ **Customer Initials**