



Authorization of Electronic Funds Transfer

I, _____, (print name as it appears on the card) do hereby authorize All-Star Academy Gymnastics, LLC to transfer funds electronically on the 1st of each month in the amount of \$_____. Transfers shall reoccur each month on the 1st. Notification of cancellations of EFT must be submitted **via EMAIL ONLY**. Email notification must be submitted PRIOR to the 1st of the month. Notices received ON OR AFTER THE 1st, charges can be credited to your account or refunded minus a \$10 processing fee.

Due to staff scheduling, notices ON OR AFTER THE FIRST CLASS OF THE SESSION BEGINS (**the roster you are on**), no refunds or credit will be issued and make up policy applies.

 Signed Date

Member Name Program Class Day Time Price

Member Name	Program	Class	Day	Time	Price

Record monthly payments on the back of this page

Month

Paid

Month

Paid

Month

Paid
