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 of the month. Amendments apply.

 Notice of termination must be given Via EMAIL ONLY, prior to the 1st of the month that you wish to terminate the EFT in.

If termination is requested after the 1st, credit only can be applied to your account. Refunds are not available and our make-up policy applies as long as you remain active.

LAST AMENDMENT AS OF 5/11/21

_____   _____

Signed   Date

Member Name	Program	Class	Day	Time	Price

Record monthly payments on the back of this page

Month	Paid	Month	Paid	Month	Paid
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____
_____	____	_____	____	_____	____