



# TRI-TOWN GYMNASTICS CENTRE, INC.

211 Hartford Turnpike  
Tolland, CT 06084  
860 871-1964  
[info@tritowngym.com](mailto:info@tritowngym.com)



## 2021-22 Credit/Debit Card Payment Authorization

Sign and complete this form to authorize Tri-Town Gymnastics Centre, Inc. to charge your credit card listed below.

I would like to make a one time payment in the amount of \_\_\_\_\_ on \_\_\_\_\_ (skip to \*).

### Recurring Payment Authorization

By signing below, I authorize Tri-Town Gymnastics Centre, Inc. (herein after Tri-Town) to charge the account identified below on the 5<sup>th</sup> of each month or the 20<sup>th</sup> of the preceding month for team for \_\_\_\_ months, the monthly fee of \_\_\_\_\_. Tri-Town may charge my account as early as 12:01 a.m. ET.

I have the **right to cancel** this payment arrangement by notifying the office at Tri-Town in writing (email [info@tritowngym.com](mailto:info@tritowngym.com) or note handed to the office) that I am terminating this authorization, **or change the credit card** by completing a new authorization, **30 days prior to the payment date**. If I will not have enough money in my account to cover my payment I must notify the office immediately in writing and pay the monthly fee by cash or check by the 5<sup>th</sup> of the month.

\*In the event any charge is not successful, I authorize Tri-Town to reinstate the charge one time. If the charge is unsuccessful, I will immediately owe the monthly fee and \$5 convenience fee in cash or check. In the event Tri-Town makes an error in processing a charge, I authorize Tri-Town to initiate a charge to correct the error.

### PRINT NEATLY

\*Billing Address statement mailed to (required):

\_\_\_\_\_

\*Cardholder Name: \_\_\_\_\_ D.L. #: \_\_\_\_\_

\*Cardholder Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

\*Card Type: \_\_\_ Visa \_\_\_ Mastercard \_\_\_ AMEX \_\_\_ Discover **PRINT NEATLY**

\*Card Number: \_\_\_\_\_

\*Expiration Date: \_\_\_\_\_ CVV (3 digit number on back or 4 digits on front of AMEX): \_\_\_\_\_

\*Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Name of Student(s): \_\_\_\_\_

Class day(s) and time(s): \_\_\_\_\_ or Team Level: \_\_\_\_\_