

SPORTASTIKS GYMNASTICS

PAYMENT AUTHORIZATION FORM - PLEASE PRINT

STUDENT NAME _____

MOTHER'S NAME _____ FATHER'S NAME _____

ACCOUNT HOLDER'S NAME _____

BILLING ADDRESS _____ CITY _____ ZIP _____

ACCOUNT TYPE: VISA MASTER CARD AMERICAN EXPRESS DISCOVER

ACCOUNT NUMBER _____ EXPIRATION DATE ____ / ____ / 20 ____

MONTHLY TUITION AMOUNT \$ _____

ELECTRONIC FUNDS TRANSFER START DATE _____ / _____ / 20 ____

By signing below, I authorize **SPORTASTIKS, LLC**, to charge the account designated above on the _____ day of each month for the purpose of making the scheduled payments on the Balance Due (together with any related fees or charges), until such amounts are paid in full or until the applicable membership is terminated or cancelled, whichever occurs first. This authorization will remain in full force and effect during the term of this membership agreement until cancelled by **SPORTASTIKS, LLC**, or until **SPORTASTIKS, LLC** receives my written withdrawal in the office at **SPORTASTIKS, LLC**, 8320 East Brookville Road, Indianapolis, IN 46239. Cancellation or revocation of this authorization, or stopping any payment hereunder, does not affect any other payments authorized on the date of this agreement or in the future. I understand and acknowledge that the amounts charged to my account will remain the same unless fees are changed by **SPORTASTIKS, LLC** or other charges are incurred.

I understand that I have the right to receive notice in writing at least 10 days in advance of any charges that will fall outside of this range. I confirm that I am authorized under the terms of the applicable agreement with my financial institution (the "Bank Agreement") to use the account I have designated for the purchase of goods and services from **SPORTASTIKS, LLC**. I certify that all statements made in this payment authorization are true and correct to the best of my knowledge. I understand that any failure by the applicable financial institution to pay any charge in full does not release me from any liability for obligations owing to **SPORTASTIKS, LLC**. I agree to comply with my Bank Agreement at all times that this authorization is in effect.

_____ I, the undersigned, understand that I may terminate this agreement upon written notice to the **SPORTASTIKS, LLC** office, provided said notice is received at least 30 days prior to the beginning of the month that I am wishing to withdraw from the program. **VERBAL WITHDRAWALS ARE NOT ACCEPTED!** Withdrawal forms are located in the office.

AUTHORIZED SIGNATURE

DATE