

SOUTH FLORIDA GYMNASTICS

PAYMENT FORM- PLEASE PRINT

STUDENT NAME: _____

MONTHLY TUITION AMOUNT: \$ _____

ANNUAL REGISTRATION MONTH: \$ 40.00 FIRST YEAR / \$30.00 EACH YEAR AFTER

_____ I, the undersigned, **REFUSE** to pay said monthly tuition on or before the 1st of each month by allowing SFG to automatically withdraw from my account through a credit card on file. I understand by refusing to use automatic withdrawal I agree to pay \$8.00 extra subcharge. I understand in the event that said amount is not received on or before the 1st of each month I agree to pay a \$10.00 late fee.

_____ I, the undersigned, **AGREE** to pay said monthly tuition on or before the 1st of each month by allowing SFG to automatically withdraw from my account through a card on file with the account number listed below.

I authorize South Florida Gymnastics, (hereinafter referred to as SFG) to charge the account designated below on the 1st of every 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 effect during the term of this membership agreement until cancelled by SFG, or until SFG receives my 30 day written withdrawal notice returned to the front desk at 3241 59th Drive East, Bradenton, Florida 34203. 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 may vary each month between the amounts shown in the applicable line above, due to late fees, annual payments, or changes in class schedule that result in a payment change.

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 SFG. 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 SFG. I agree to comply with my Bank Agreement at all times that this authorization is in effect.

AUTHORIZATION FOR AUTOMATIC PAYMENTS

ACCOUNT HOLDER'S NAME: _____

CREDIT CARD BILLING ADDRESS: _____

CREDIT CARD TYPE: VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER: _____

EXPIRATION DATE: ____ / ____ AUTHORIZATION CODE: _____

By signing below, I agree to the above statements and agree to comply with the payment method I have chosen.

Signature: _____ Date Signed: _____

Printed Name: _____

3241 59th Drive East ~ Bradenton, FL 34203 ~ Phone: 941.758.5775 ~ Fax: 941.758.3407 ~

www.sfgymcheer.com