



3241 59th Drive East Bradenton, FL. 34203  
(941) 758 - 5775 PHONE (941) 758 - 3407 FAX www.sfgymcheer.com

Member Name: \_\_\_\_\_  
Parent's/Guardian's Names: \_\_\_\_\_  
Account Number: \_\_\_\_\_

### Payment Authorization Form

**Membership Type: Monthly Tuition**

Monthly Tuition Amount: \$ \_\_\_\_\_.

Electronic Funds Transfer Begin Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

**Authorization for Monthly Tuition Direct Payments**

Account Holder's Name: \_\_\_\_\_

Account Type:            Visa            Master Card            American Express

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_            Auth Code: \_\_\_\_\_

By signing below, I authorize South Florida Gymnastics and Dance, (hereinafter referred to as SFGD) to charge the account designated above 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 full force and effect during the term of this membership agreement until cancelled by SFGD, or until SFGD receives my written withdrawal in the Office at SFGD, 3241 59th Dr. east., Bradenton FL., 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 amount shown in the applicable box above, due to a change in fees and other charges.

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

\_\_\_\_\_ I, the undersigned, agree to pay said monthly tuition on or before the 1st of each month. In the event that the said amount is not received on or before the 1st of the month. I also agree to pay a \$10.00 late fee.

\_\_\_\_\_ I, the undersigned, understand that I may terminate this agreement upon written notice to the SFGD 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!**

\_\_\_\_\_ I, the undersigned, understand that the above mentioned account will continue to be charged until I have terminated my membership with SFGD through the written withdrawal policy that is in place for SFGD.

Authorized Signature: \_\_\_\_\_

Date Signed: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_