

# AUTOPAY CONTRACT



## General Accounting Information

- Customer Account #: \_\_\_\_\_
- Date of Agreement \_\_\_\_\_
- Printed Name \_\_\_\_\_
- Company Name All American Gymnastics
- Phone \_\_\_\_\_

## Agreement

I, \_\_\_\_\_, expressly authorize this automatic credit card charge from the card listed below by All American Gymnastics. I understand that my card will be charged on the fifteenth of every month from my account. In the event that the fifteenth falls on a weekend my card will be charged on the last business day of the week before the fifteenth. I understand that the charges will include my monthly tuition payment as well as any other charges incurred for other services or products during the current billing cycle. I agree that all charges are considered valid unless disputed in writing within thirty days of invoice date. I understand and agree that All American Gymnastics shall not be responsible for any charges or expenses that I may incur resulting from overdrawing my bank account as a result of an automatic charge generated by All American Gymnastics. I agree to notify in writing (fax and email included) by the 10<sup>th</sup> of the month to request cancellation of this automatic withdrawal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Credit Card Information

First & Last Name:

\_\_\_\_\_  
(as it appears on the card)

Card Billing Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Phone Number: ( ) - \_\_\_\_\_

Card Type:

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

Exp: \_\_\_\_\_

### *For Office Use Only*

*Date Received:*

*Date Entered:*

*Date of First Withdrawal:*

*Date of Cancellation:*

*Secretary Initial:*