

PITCHER'S TUMBLING & CHEER

PAYMENT AUTHORIZATION FORM

Mother's Name: _____ Father's Name _____

Address: _____ zip _____

Mother's phone number _____ Father's phone number _____

Email address: _____

Student (s) Name: _____

SELECT ONE OF THE TWO OPTIONS FOR YOUR PAYMENT

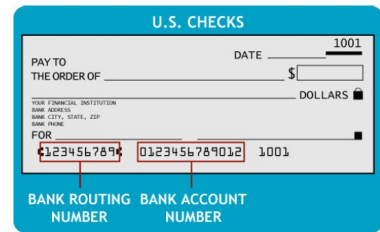
AND FILL IT OUT:

Automatic bank withdrawal: Bank Information

Bank name: _____

Routing Number _____

Account number _____



Visa, Mastercard or Discover card payments:

Credit card number: _____

Expiration Date: __ __ / __ __ __ __



Fees & Conditions:

- A one-time registration fee per family of \$25.00 will be charged with the 1st month payment.
- A recurring payment on the first week of each month will begin the first month of classes.
- Payment for Tumble Jungle classes will be \$40.00 per month
- Payment for one hour recreational classes once a week will be \$45.00 per month
- Payment for power tumbling classes will be \$50.00 per month.
- Payment for 90 minute classes once a week will be \$70.00 per month.
- Payment for Team classes will be \$110.00 per month.
- A 10 day WRITTEN NOTICE needs to be given before you want payment schedule to end.
You may send an email to: darlene@pitchersgym.com

Payment Authorization:

RECURRING PAYMENT PLAN: I authorize the above stated business to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the service provider receives a written notice from me of the intent to terminate.

I understand that a new payment authorization form will need to be filled out if the card number or bank number changes. I understand that a charge of \$15.00 will be automatically debited from my account, by the bank for Non-Sufficient funds.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan and the banking and personal information I have provided is true and correct. I indemnify and hold the service provider, the bank, and above stated business harmless from damage, loss or claim resulting from all authorized actions hereunder.

Signature: _____