

THE GYMNASTIC PLACE

MONTHLY RECURRING Credit Card Authorization Form for the 2017 / 2018 Season

Student(s) Name(s): _____

Class Day(s) / Time (s) _____

THIS CREDIT CARD IS A: VISA MASTERCARD DISCOVER AMEX

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

CARD SECURITY CODE (CV2) _____

CUSTOMER'S NAME (as it appears on the credit card) _____

EMAIL ADDRESS (email to send receipts to) _____

BILLING ADDRESS (must be the exact billing address as it appears on the Credit Card Statement):

Address

City

State

Zip

I authorize TGP to charge my credit card **monthly** for payment of tuition. If TGP is unable to process my payment; I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I notify TGP otherwise in writing.

By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct. THIS AGREEMENT REMAINS IN EFFECT ABOVE MENTIONED SEASON UNTIL CANCELED BY THE APPLICANT WITH WRITTEN NOTICE. The applicant, by providing TGP a written notice, may cancel this agreement at least 14 days in advance of the cancelation date.

Applicant's Signature

Date