

Courthouse Gymnastics Co.
698 Liberty Road
Flowood, MS 39232
Phone: 601-932-6680 Fax: 601-936-9182
Web Site: courthousegymnastics.com

Automatic Payment Authorization for Credit Cards

Please **Print** the following information.

Child's full name(s) _____

Person authorizing automatic draft payments:

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (H) _____ (C) _____

Email Address (Required) _____

Advance notice of draft date will be sent to this email address. If email address changes, you **MUST** notify us in writing.

Drafts will be made between the 5th and 15th.

Drafts are Approved and Declined immediately upon submission.

Monthly Draft Amount \$ _____ DATE TO START DRAFT _____

I hereby authorize monthly tuition payments, as shown above, to be drafted from the account designated below. In the event I change my credit card service to a different bank or different account, I will notify The Courthouse Gymnastics Co., in writing, two weeks prior to the date of my next scheduled automatic payment. I will give a two week written notice to The Courthouse Gymnastics Co. before stopping the automatic draft payment. A **\$25** fee will be charged on any denied credit card payments. Denied amount may be re-drafted in full or divided into smaller drafts to insure payment. The \$25 fee will also be drafted on your account.

I hereby authorize drafts from my credit card account as specified above.

Print Name _____ Date ____/____/____

Signature _____

Print: Name on Credit Card _____

Billing address:

Street _____

City, State, Zip _____

Account Number _____ Expiration Date ____/____

MasterCard _____ Visa _____ Discover _____

Please return Completed form to:
The Courthouse Gymnastics Co.
698 Liberty Road
Flowood, MS 39232

You may Fax or Mail.