

Request for Automatic Recurring Payments

Castle Rock School of Gymnastics, Inc. (CRSG) accepts the following credit cards:
American Express, MasterCard, Visa, and Discover.

Card Number: _____

Expiration Date: _____ Name on card: _____

Billing address: _____

City: _____ Zip Code: _____

Contact Phone Number: _____

E-Mail Address: _____

I authorize CRSG to charge this account the full amount due during tuition week prior to the beginning of each session that my child is enrolled in gymnastics classes.

If payment cannot be made, CRSG will notify me. If my account becomes past due through no fault of CRSG, a \$5.00 late charge will apply.

I understand that I may contact the gym office to obtain the exact amount that was charged to my card.

Upon verbal or written notice to CRSG, I may withdraw my consent to this authorization, which will result in immediate termination of this automatic payment agreement.

Revocation – This agreement and my authorization for automatic recurring payments shall remain in effect until revoked by me, by CRSG, or by the financial institution owning the credit card account provided.

AGREED:

Name

Date

(Web Form)