



AUTOMATIC PAYMENT AUTHORIZATION

I do want to participate in automatic payments

I authorize Realis Gymnastics Academy (herein referred to as RGA) to withdraw the amount of monthly tuition, and my annual registration fee (when due) from the credit / debit card listed below. I agree to give RGA 15 days notice of my separation from the gym should I decide to leave in order to allow enough time to dis-enroll from the automatic payment program. If I do not give the full 15 days notice, I understand that RGA will charge my card for an additional month's tuition. I also understand that should my payment not be authorized by my bank or credit card issuer, I will be charged an additional fee of \$25.00.

Student Name: _____

E-mail Address: _____

RGA will e-mail monthly statements

Credit Card Type: _____

Name on Card: _____

Credit Card #: _____

Expiration Date: _____

Billing Address: _____

SIGNATURE

DATE

