



douglasville gymnastics and cheerleading club, inc.

# Building the Future One Child at a Time

## AUTOMATIC PAYMENT AUTHORIZATION FOR CHECKING ACCOUNTS

Please print the Following information:

Child's full name (s) \_\_\_\_\_

Person authorizing automatic draft payments: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Account # \_\_\_\_\_

Monthly Draft Amount \$ \_\_\_\_\_ Monthly Draft May Vary \_\_\_\_\_

*Monthly tuition payment may vary when student instructional time increases or decreases or the month performance fees are dues.*

I hereby authorize monthly tuition payments, as shown above, to be drafted from the account designated below. In the event that I change my credit card service to a different bank or account, I will notify Douglasville Gymnastics and Cheerleading in writing at least 15 days prior to the date of my next scheduled automatic payment. I will give a 30 day written notice to Douglasville Gymnastics and Cheerleading before stopping the automatic payment, if for any reason I withdraw my child from Douglasville Gymnastics and Cheerleading.

**I hereby authorize drafts from my credit/debit account only as specified above.**

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

ATTACH VOIDED CHECK HERE

(Use tape for faxing)

Do not use Deposit Slip

*Please Return Completed form to:*

**Douglasville Gymnastics and Cheerleading Club**

8877 Bright Star Rd

Douglasville, Ga 30134

770-489-2582 (office) 678-838-9960 (fax)