



douglasville gymnastics and cheerleading club, inc.

Building the Future One Child at a Time

AUTOMATIC PAYMENT AUTHORIZATION FOR CREDIT/DEBIT CARDS

Please print the Following information:

Child's full name (s) _____

Person authorizing automatic draft payments: _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____

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 _____

Credit Card/ Debit Card billing address if different

Address _____

City _____ State _____ Zip _____

Account number _____ Expiration _____

Date ____/____/____

Mastercard _____ Visa _____ American Express _____ Discover _____

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)