

Payment Authorization Form

Membership Type: Monthly Tuition

Monthly Tuition Amount: \$ _____

Electronic Funds Transfer Begin Date: _____ / _____ / 20 _____

Authorization for Monthly Tuition Direct Payments

Name as it appears on the card: _____

Account Type: Visa Master Card American Express Discover

Credit Card Number: _____

Expiration Date: (Month / Year) _____ / 20 _____

By signing below, I authorize North Florida Gymnastics and Cheerleading, (hereinafter referred to as NFGC) to charge the account designated above on the 1st of every month for the purpose of making the scheduled payments on the Balance Due (together with any related fees or charges - including, but not limited to, annual registration, camp fees, late fees, birthday party fees, special clinics / events, "last month" balance, returned check fees, etc.), until such amounts are paid in full or until the applicable membership is terminated or cancelled, whichever occurs first. This authorization will remain in full force and effect during the term of this membership agreement until cancelled by NFGC, or until NFGC receives my written withdrawal in the Office at NFGC, 12777-6 Atlantic Blvd., Jacksonville, FL., 32225. Cancellation or revocation of this authorization, or stopping any payment hereunder, does not affect any other payments authorized on the date of this agreement or in the future. I understand and acknowledge that the amounts charged to my account may vary each month between the amount shown in the applicable box above, due to a change in fees and other charges (specified above).

I understand that I have the right to receive notice in writing at least 10 days in advance of any charges that will fall outside of this range. I confirm that I am authorized under the terms of the applicable agreement with my financial institution (the "Bank Agreement") to use the account I have designated for the purchase of goods and services from NFGC. I certify that all statements made in this payment authorization are true and correct to the best of my knowledge. I understand that any failure by the applicable financial institution to pay any charge in full does not release me from any liability for obligations owing to NFGC. I agree to comply with my Bank Agreement at all times that this authorization is in effect.

_____ I, the undersigned, agree to pay said monthly tuition on or before the 1st of each month. In the event that the said amount is not received on or before the 1st of the month. I also agree to pay a \$10.00 late fee.

_____ I, the undersigned, understand that I may terminate this agreement upon written notice to the NFGC office, provided said notice is received at least 30 days prior to the beginning of the month that I am wishing to withdraw from the program. **VERBAL WITHDRAWALS ARE NOT ACCEPTED. WITHDRAWAL FORMS ARE LOCATED IN THE OFFICE!**

_____ I, the undersigned, understand that the above mentioned account will continue to be charged until I have terminated my membership with NFGC through the written withdrawal policy that is in place for NFGC.

Authorized Signature: _____

Date Signed: _____ / _____ / 20 _____

Office Use Only Entered By: _____ Entered On: _____