



Small Wonders Gymnastics 2022-2023 Debit Authorization

Gymnast Name _____

Amount Owed \$ _____ Phone number _____

Select date to draft

- 1st
- 5th

I (we) hereby authorize Small Wonders, hereinafter called Company, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for (application). I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. Law. By using a credit card to pay, I agree to additional 3% fee. Note: there is a \$25 returned check fee if your payment is ever returned as NSF.

Direct withdrawal from a bank account using a checking and routing number.

Attached check is preferred method.

Financial Institution Name _____

Routing Number _____

Checking Account Number _____

Signature of account holder _____

Printed name _____ phone number _____

Change type: _____ initial: _____ date: _____

Change type: _____ initial: _____ date: _____

Change type: _____ initial: _____ date: _____