

Credit Card Payment Authorization

I authorize charges to my credit card. Recurring charges will be made on the 1st, 10th, or 15th of the month. If payment has not been received by the 10th of the month, the card on file will be charged the balance on the 11th of the month. A receipt for each payment will be provided to you via email on the account and the charge will appear on your card statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize _____ MGP GYMNASTICS _____ to
(Cardholder's Name) (Merchant's Name)

charge credit card on file for: _____
(Athlete(s) name)

PLEASE CHECK ONE

Recurring: 1st of the month 10th of the month 15th of the month

On file (charge only if tuition not paid by 10th, the card will be charged on the 11th)

Parent/Guardian on account: _____

Billing Address: _____

Phone number: _____

Email on account: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify __MGP Gymnastics__ in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____