

North Valley Gymnastics 20815 N. 28th St. Phoenix, AZ 85050 602-404-FLIP (3547) www.northvalleygymnastics.com

Date

AUTOPAY Credit Card Authorization Form

Email Address: (REQUIRED) Student's Name(s): City: Zip:	Family Name:		Home Phone: Cell Phone:	
Name Exactly As it Appears on Card: Billing Address for Card: City: Zip: AutoPay Rules and Policies AutoPay Rules and Policies AutoPay gransactions will be processed on/after the 1st of each month for the upcoming month's charges and any past due charges. If North Valley Gymnastics is unable to obtain authorization, a \$10.00 fee will be assessed to your account. By enrolling in the AutoPay program, you authorize North Valley Gymnastics to automatically bill your credit card on file for all charge billed to your account each month. Charges that may be billed on your account may include, but are not limited to: Monthly Tuition, Annual Registration, Open Gym, Team Fees, Merchandise, etc. It is the customer's responsibility to provide all updated information in advance of payment due date when any credit card information changes (i.e. card number, billing address, expiration date, etc.) to avoid declined transactions and associated fees. Statements will NOT be sent out prior to billing your credit card. If you have any questions about a charge, please contact us via email, telephone, or in person and we will be happy to provide the details of your account balance. AutoPay can be terminated at any time. Notice must be received by the 25sh of the month in order to avoid being charged for the upcoming month (For example: You must submit your cancellation notice by August 25sh ovaid charges on September 1sh, etc.). Notice MUST Be provided in WRITING via one of the following methods: Email, Fax, or delivered in person. North Valley Gymnastics will not issue a refund for any charges if notice is not received by the 25sh of the preceding month in which the charges were incurred. North Valley Gymnastics to charge my credit card each month for my total account balance. If North Valley Gymnastics is unable to obtain an authorization, a fee of \$10 will be charged to my account. I agree to provide updated information pertaining t my card in order for an authorization to be obtained. I understand that I may termina				
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I HAVE READ AND AGREE TO THE ABOVE PARAGRAPH.	I HAVE READ AND	AGREE TO THE ABOVE PARAG	GRAPH.	
Customer Name (printed)		Customer Name (printed)		

Customer Signature