Credit Card Authorization Form

By completing this form, you are authorizing The Gymnastics Zone to run your credit card for tuition each month. *BEGINNING SEPTEMBER 2018, THERE WILL BE A $3 SERVICE FEE ADDED ONTO YOUR TOTAL.*

Student(s) Name: _____

Name as Appears on Card: _____

Address: _____

Credit Card (circle one): Visa MC Discover

Card Number: _____

Expiration Date: _____ CVV Number _____

I authorize The Gymnastics Zone to charge my child(ren)'s tuition to the above listed credit card on the first of each month (or up to 5 days in advance of that date). I understand that this will continue until I give the office written notification to discontinue this program.

Signature: _____ Date: _____

Office Use Only

Amount Charged: $ _____ **Date to Begin:** _____ **Registration Fee Due:** _____