



Credit Card Authorization Form

By completing this form, you are authorizing The Gymnastics Zone to run your credit card for tuition each month. *INCLUDING \$3 SERVICE FEE ADDED TO TOTAL*

Student(s) Name: _____

Name as Appears on Card: _____

Billing Address: _____

Phone Number (if the card listed is not your own): _____

Email (if a receipt is needed): _____

Credit Card (circle one): AMX / Discover / MC / Visa Expiration Date: CVV Number

Card 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 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:** **Req. Fee Due:**

