



## Payment Policies 2019/2020

A credit or debit card on file is required to register for classes. For your protection, once entered, your credit card number is not visible to anyone. Tuition is automatically charged to the credit card on file on the 25th of each month (for the next month). If you do not want your card on file charged you can pay by cash, check, debit, or credit card before the 25th. If delinquent tuition is not paid before the first of the month, your child will be tagged inactive by the computer, will be un-enrolled, and children on the waiting list will be called.

1. To take a break from a class or end your child's enrollment Thrive Gym, simply notify Thrive Gym by the 15th of the month. Your child's enrollment will then end on the last day of that month. Once a child drops from a class, their spot is given to another child on our waiting list. There is no guarantee that once a child drops from a class that they will be able to get back into the class. All enrollments are space dependent.
2. All returned checks will carry a fee of \$35.00. Once we have taken a bad check, all tuition must be paid from then on by cash or debit/credit card.
3. Thrive Gym does not offer refunds for any reason.

### Recurring Payment Authorization

Please complete the information below:

I (full name) \_\_\_\_\_ authorize Thrive Gym to charge my credit card, indicated for (monthly amount) \_\_\_\_\_ on the 25<sup>th</sup> of each month for payment for (children's names) \_\_\_\_\_.

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone\* \_\_\_\_\_ Email \_\_\_\_\_

Last 4 Digits on Card \_\_\_\_\_

I understand and agree to the payment policies at Thrive Gymnastics. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Thrive 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 certify that I am an authorized user of this credit card/debit card and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_