

Junior Gym  
AutoPay Enrollment

Cardholder Name: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Class day/time: \_\_\_\_\_

This is to certify that Junior Gym has my permission to automatically charge my credit card two weeks prior to the beginning of a new session, including a \$10 discount. (Summer Session is not included. Verbal authorization will be required.)

See credit card information below:

(Please circle one)                      MasterCard                      Visa                      Discover Card

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

I understand that it is my responsibility to notify Junior Gym 5 days prior in order to cancel AutoPay.

For: (Please Check One)

\_\_\_\_ Tuition  
\_\_\_\_ Camp  
\_\_\_\_ Private Lessons  
\_\_\_\_ Misc.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_