



Member Name: _____

Parent's/Guardian's Names: _____

**Membership Type: Monthly Tuition (Classes)
or Weekly Tuition (After School/Camp)**

**Monthly Tuition Amount: \$ _____ Weekly Tuition Amount:
\$ _____**

Authorization for Tuition Direct Payments

Name as it appears on credit card:

Card Type: Visa Master Card American Express Discover

Card Number: _____ **Expiration Date:** ____ / 20 ____

By signing below, I authorize **Orlando Gymnastics**, (hereinafter referred to as **OG**) to charge the account designated above on the 1st of every month for the purpose of making the scheduled payments on the Balance Due (together with any related fees or charges), until such amounts are paid in full or until the applicable membership is terminated or cancelled, whichever occurs first. This authorization will remain in full force and effect during the term of this membership agreement until cancelled by **OG**, or until **OG** receives my written withdrawal in the Office at **OG**, 11821 South Orange Blossom Trail, Suite A Orlando, FL 32837. Cancellation or revocation of this authorization, or stopping any payment hereunder, does not affect any other payments authorized on the date of this agreement or in the future. I understand and acknowledge that the amounts charged to my account may vary each month/week between the amount shown in the applicable box above, due to a change in fees and other charges.

I understand that I have the right to receive notice in writing at least 10 days in advance of any charges that will fall outside of this range. I confirm that I am authorized under the terms of the applicable agreement with my financial institution (the "Bank Agreement") to use the account I have designated for the purchase of goods and services from **OG**. I certify that all statements made in this payment authorization are true and correct to the best of my knowledge. I understand that any failure by the applicable financial institution to pay any charge in full does not release me from any liability for obligations owing to **OG**. I agree to comply with my Bank Agreement at all times that this authorization is in effect.

PLEASE INITIAL

_____ I agree to pay said monthly tuition on or before the 1st of each month (Classes) or every Friday (After School/Camp). In the event that the said amount is not received on or before the 1st of the month (credit card is declined), I also agree to pay a \$10.00 late fee.

_____ I understand that I may terminate this agreement upon **written** notice to the **OG** office, provided said notice is received before the 15th of my last month of attendance (classes) or by Friday of my last week of attendance (afterschool). **VERBAL WITHDRAWALS ARE NOT ACCEPTED.**
WITHDRAWAL FORMS ARE LOCATED IN THE OFFICE!

_____ I understand that the above mentioned account will continue to be charged until I have terminated my membership with **OG** through the written withdrawal policy that is in place for **OG**.

Authorized Signature: _____

Date: -
