



eCheck and Credit Card Authorization Form

I authorize Olympia Gymnastics to initiate either an electronic debit, to create and process a demand draft against my bank account or charge my credit card according to the terms outlined below. I acknowledge that the origination of ACH or Credit Card transactions to my account must comply with the provisioning of United States law.

Terms of Billing

Starting on _____ and subsequently debited for the amount owed to Olympia Gymnastics for Tuition/Fees which remain unpaid after Thursday of each week. I also authorize debit requests over the phone. \$1.00 fee applies each occurrence.

One time on _____ for the amount of _____.

Reoccurring payment starting on _____ and every Friday of each week prior to care following through _____ for the amount of _____ + \$1.00 fee per week.

Bank Information (must include a voided check)

Routing Number: _____

Account Number: _____

Account Type: ___ Checking ___ Savings, ___ Consumer ___ Business

Credit Card Information (must include a copy of the front and back of card)

Name on Card: _____

Account Number: _____

Billing Address: _____ City: _____ Zip: _____

Expiration Date: _____

This payment authorization is to remain in full force and effect until I, _____, notify Olympia Gymnastics of its cancellation by sending written notice in such time and in such manner to allow both Olympia Gymnastics and the receiving financial institution a reasonable opportunity to act on it. NSF and/or Decline of Credit Card for any reason will be subject to a \$35 non-refundable fee.

Customer Signature: _____

Customer Printed Name: _____

Date: _____