



**AUTHORIZATION AGREEMENT
DIRECT PAYMENTS (ACH DEBITS)**

I (we) hereby authorize Clarksville Elite Gymnastics Center, hereinafter called COMPANY, to debit entries to my (our) account indicated below and the Financial Institution named below, hereinafter called FINANCIAL INSTITUTION, to debit same to such account. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

By initialing and signing below, I hereby understand that if the 1st or 15th of the month falls on the weekend or a federal holiday, the draft will occur the **following business day**. Clarksville Elite Gymnastics Center requires a **written two-week notice** to drop from the autodraft program with NO exceptions. **Please initial:** _____

(Financial Institution Name) _____
(Branch)

(Street Address) _____
(City) _____
(State) _____
(Zip)

(Routing/Transit Number) _____
(Account Number) **Type of Acct:** ___ Checking ___ Savings

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

There are 2 ACH draft options. Please initial next to the option of your choice

Option 1:
Please initial: _____ Account drafted on the 1st of each month. Payments will be applied to that month of tuition (ex. January 1 for January tuition)

Option 2:
Please initial: _____ Account drafted on the 15th of each month. Payments will be applied to the following month of tuition (ex. January 15th for February tuition). There will be NO refunds for tuition.

(Print Student's Name)

(Print Parent/Guardian's Name)

(Parent/Guardian's Signature)

(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM
(Customer retains second copy)**