



AUTHORIZATION AGREEMENT FOR 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 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 auto draft program with NO exceptions. There will be a \$20.00 fee placed on all Non-Sufficient Funds (NSF) accounts.

Please initial: _____

(Financial Institution Name)

(Name of Account Holder)

(Account Holder 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.

Please initial: _____ Account will be 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.

Please initial: _____ Registration Fees are due yearly in January. The Registration Fee will be drafted on January 1st, or following business day. We will send a reminder on December 1st that this fee will draft on January 1st, or the following business day.

(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)

Office Use Only:

Family Keywords:

1st _____ 15th _____ 1st CC _____ 8th CC _____ ND _____

Entered By: _____

Date: _____

Student Keywords:

1st Child's Name: _____

1st child _____ 1st child P&T _____ 2nd class _____ 3rd class _____ REC _____ Team _____

2nd Child's Name: _____

2nd child _____ 2nd child P&T _____ 2nd class _____ 3rd class _____ REC _____ Team _____

3rd Child's Name: _____

3rd child _____ 3rd child P&T _____ 2nd class _____ 3rd class _____ REC _____ Team _____

4th Child's Name: _____

4th child _____ 4th child P&T _____ 2nd class _____ 3rd class _____ REC _____ Team _____