

<b>Tuition Breakdown</b>
Current: \$ _____
Following Month (if passed the 15 <sup>th</sup> ): \$ _____
Registration: \$ _____
Total: \$ _____



**Credit Card  
AUTHORIZATION AGREEMENT FOR RECREATION CLASSES ONLY!!!**

**Please only use this form if you are using credit card.**

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 debit transactions to my (our) account must comply with the provisions of U.S. law.

By initialing and signing below, I hereby understand that the card listed below will be automatically drafted on the 15th of the month, for the following months tuition, or drafted on the following business day if the 15<sup>th</sup> falls on a weekend of federal holiday. Clarksville Elite Gymnastics Center requires a **written 30 day notice to make any changes to your account or to unenroll** from the autodraft program with NO exceptions.

**Please initial:** \_\_\_\_\_

**Billing Information**

_____		_____	
<b>First Name</b>		<b>Last Name</b>	
_____			
<b>Billing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
_____			
<b>Card Number</b>	<b>Expiration Date</b>	<b>Email (receipt will be sent to this email)</b>	
_____			

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:** \_\_\_\_\_ Accounts will be drafted on the 15<sup>th</sup> of each month. Payments will be applied to the following month of tuition (ex. January 15th for February tuition). **If your card is declined for any reason you have until the 20<sup>th</sup> to pay at the desk or over the phone before being dropped from class. There is a \$20 NSF fee for all returned payments.**

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

_____	_____
<b>Print Student's Name</b>	<b>Phone Number</b>
_____	
<b>Print Parent/Guardian's Name</b>	<b>Parent/Guardian's Signature</b>

\_\_\_\_\_

**Date**

## Office Use Only:

### Family Keywords:

1<sup>st</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ 1<sup>st</sup> CC \_\_\_\_\_ 8<sup>th</sup> CC \_\_\_\_\_ ND \_\_\_\_\_

### Student Keywords:

**1<sup>st</sup> Child's Name:** \_\_\_\_\_

1<sup>st</sup> child \_\_\_\_\_ 1<sup>st</sup> child P&T \_\_\_\_\_ 2<sup>nd</sup> class \_\_\_\_\_ 3<sup>rd</sup> class \_\_\_\_\_ REC \_\_\_\_\_ Team \_\_\_\_\_

**2<sup>nd</sup> Child's Name:** \_\_\_\_\_

2<sup>nd</sup> child \_\_\_\_\_ 2<sup>nd</sup> child P&T \_\_\_\_\_ 2<sup>nd</sup> class \_\_\_\_\_ 3<sup>rd</sup> class \_\_\_\_\_ REC \_\_\_\_\_ Team \_\_\_\_\_

**3<sup>rd</sup> Child's Name:** \_\_\_\_\_

3<sup>rd</sup> child \_\_\_\_\_ 3<sup>rd</sup> child P&T \_\_\_\_\_ 2<sup>nd</sup> class \_\_\_\_\_ 3<sup>rd</sup> class \_\_\_\_\_ REC \_\_\_\_\_ Team \_\_\_\_\_

**4<sup>th</sup> Child's Name:** \_\_\_\_\_

4<sup>th</sup> child \_\_\_\_\_ 4<sup>th</sup> child P&T \_\_\_\_\_ 2<sup>nd</sup> class \_\_\_\_\_ 3<sup>rd</sup> class \_\_\_\_\_ REC \_\_\_\_\_ Team \_\_\_\_\_

**Processed Payment?** \_\_\_\_\_

**Employee Initials:** \_\_\_\_\_