



Phoenix Gymnastics & Dance Academy
 1926 W. Monona Dr.
 Phoenix, AZ 85027
 623-582-5293

AUTO PAY AUTHORIZATION FORM

Parent /Guardian Name _____
 (or Person Paying)

Home Ph: _____ - _____ - _____

Cell Ph: _____ - _____ - _____

Student(s) 1 _____ 2 _____
 3 _____ 4 _____

Credit Card / Debit Card Authorization

Visa
 Master Card
 Discover

Print Name as it appears on the card _____

Billing Address for Card _____ City _____ St ___ Zip _____

Credit or Debt card # _____ - _____ - _____ Exp Date _____ CV # _____
(last 3 digits on the back of card)

1st of each month
 OR
 15th of each Month
 AND / OR
 Tuition deadline date of each 6 week Session

AUTO PAY Rules & Policies

- Auto Pay transactions will be processed on/after the dates indicated in the boxes above
- If Phoenix Gymnastics & Dance Academy is unable to obtain authorization, a \$10 charge may be assessed to your account
- By enrolling in the Auto Pay program you are authorizing Phoenix Gymnastics & Dance Academy to process transactions for all charges billed to your account each period.
- It is the customers responsibility to provide updated information in advance of payment due dates when any credit card information changes in order to avoid declined transactions.
- Statements will NOT be mailed. If you have questions about a charge, contact us immediately.
- To terminate a student or withdraw from auto pay we must receive a 15 day WRITTEN notice by fax, email, letter or withdrawal form (available at PGA front desk). We will then confirm the notice. If you do not receive a confirmation, then we have not received the notice.

Authorization

I authorize Phoenix Gymnastics & Dance Academy to charge the above credit card, debit card or withdraw funds for my total account balance. If Phoenix Gymnastics & Dance Academy is unable to obtain authorization or funds are not available, a \$10 charge may be applied to my account. I agree to provide updated account information in order to prevent authorization from being obtained. I understand that I must provide at least 15 day written notice in order to terminate a student or withdraw from this auto pay program. This agreement will remain in effect until such written notice is received. I have received, read, understand and agree to Auto Pay Rules and Policies.

I HAVE READ AND AGREE TO THE ABOVE PARAGRAPH

Sign Customer Name _____

Print Customer Name _____ **Date** _____