



AUTHORIZATION TO CHARGE

I, _____ (please print your name) **ACCEPT THE AUTO PAYMENT OPTION** and authorize Georgia Gymnastics Academy, Inc. to charge the credit card on file for my child _____'s (child's name) balance on the 25th of each month. I agree to give Georgia Gymnastics Academy, Inc. at 14 day written notice in order to terminate this draft. I am aware that there is a \$25.00 fee for insufficient funds on any credit/debit card payment that is declined. By signing below I agree to these terms and conditions.

Authorized Signature: _____ Date: _____

OR

I _____ (please print name) **DECLINE THE AUTO PAYMENT OPTION**

Authorized Signature: _____ Date: _____