



Auto-Pay Credit Card Authorization

Impacting children & families for life!

Family Name: _____

Student's Name(s): _____

Name EXACTLY As It Appears on Card: _____

Address on Credit Card Billing: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

Email Address (required for Auto-Pay): _____

Policies

- ◆ By signing up for the Auto-Pay program, you authorize Impact Gymnastics Academy to automatically bill your credit card in the file of all charges that are billed to your account each month. Charges billed to your account may include, but are not limited to: monthly registration, annual registration, open gym, team fees, merchandise, etc.
- ◆ Auto-Pay tuition transactions will be processed in the 25th of each month before the start of a new month.
- ◆ If Impact Gymnastics Academy is not able to obtain the authorization a \$10.00 fee will be assessed to your account.
- ◆ If any credit card information changes (credit card number, expiration date, name, billing address, etc.), It is the customer's responsibility to provide all the information updated prior to the payment due date to avoid declining transactions and associated fees.
- ◆ Statements are NOT sent out prior to billing your credit card. If you have any questions about a charge, please contact Impact Gymnastics Academy and account balance details will be provided.
- ◆ Auto-Pay can be terminated at any time. Notice must be received on or before the 15th of the month prior to the start of a new month to avoid being charged for the upcoming session.
- ◆ Auto-Pay cancellation **MUST BE** received in writing by Email, Fax, or delivered in person by the 15th of the preceding month.
- ◆ Impact Gymnastics Academy will not issue a refund for any charges if notice was not received by the 15th of the preceding month.
- ◆ Impact Gymnastics Academy reserves the right to cancel your enrollment in Auto-Pay and/or discontinue the Auto-Pay at any time.

Authorization

I authorize Impact Gymnastics Academy to charge the above listed credit card each month for my total account balance. If Impact Gymnastics Academy is unable to obtain an authorization, a \$10 fee will be charged to my account. I agree to provide updated information pertaining to my card in order for an authorization to be obtained. I understand that I may terminate this agreement via written notice no later than the 15th of the month prior. This agreement will remain in effect until such written notification is received or until the above listed credit card has expired. I have received, read, understand, and agree to Auto-Pay Rules and Policies.

I HAVE READ AND AGREE TO THE IMPACT AUTO-PAY POLICY

Customer Signature

Date