

BILLING AGREEMENT

I agree to allow the University of Gymnastics to automatically charge my credit card for my monthly account charges if an alternate form of payment is not received by the fifth day of the month. This includes months even when the fifth falls on a weekend or holiday. I understand that I can avoid payments being billed to this card by paying with cash, check or a different card before the fifth of the month.

If for any reason the credit card transaction does not go through, I understand that my enrollment may be terminated. I understand that written notice must be given 30 days in advance to withdraw from any program and that a late fee of $15 is added after the fifth of the month.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Three Digit Code on the back of the card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INITIAL ONE:**

\_\_\_\_\_\_\_\_\_\_ Bill this credit card as an automatic form of payment during the last full week of each month.

\_\_\_\_\_\_\_\_\_\_ DO NOT bill this credit card for my balance plus the $15 late fee ***unless*** an alternate form of payment is not received by the fifth day of the month.