

# Automatic Monthly Withdrawal / Charge Form



This Automatic Monthly Withdrawal Form is used for authorizing Gymnastics Unlimited to withdrawal tuition directly from the payer's credit/debit card account each month.

If you wish to cancel your auto withdrawal charge, we must receive the request in writing 20 days prior to the withdrawal charge date.

Withdrawal date can be the 20<sup>th</sup>, 25<sup>th</sup>, or 30<sup>th</sup> of the month. **Monthly tuition will be withdrawn on the 20<sup>th</sup> of the month if no date is indicated below.**

**Your monthly balance will be charged to the card on file which may include annual registration and any applicable credits will also be applied.**

**Desired withdrawal date:** 20<sup>th</sup> 25<sup>th</sup> 30<sup>th</sup> (please circle one)

*Please complete all sections:*

### **Section 1: Authorization for Automatic Monthly Withdrawal Charge**

Please circle one:      Visa              Mastercard

Name on card: \_\_\_\_\_

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

Expiration Date (mm/yy): \_\_\_\_\_ CID: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

### **Section 2: Billing Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby authorize Gymnastics Unlimited to initiate automatic withdrawal from my bank or credit/debit account each month for the total monthly tuition and annual registration due. This authorization is to remain in effect until revoked by me in writing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**www.gymnasticsultd.com**  
**28373 Constellation Rd.**  
**Valencia, CA 91355**  
**661.257.2GYM**

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

<p><b><u>Office use only:</u></b></p> <p><b>Student(s):</b> _____</p> <p><input type="radio"/> <b>New Acct</b></p> <p><input type="radio"/> <b>Updated Acct</b></p> <p><b>Amt: \$</b> _____</p> <p><b>Start date of withdrawal:</b> _____</p>
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