



GYMNASTICS SPORT CENTER (Est. 1990)

4377 Seymour Hwy.

Wichita Falls, TX 76309

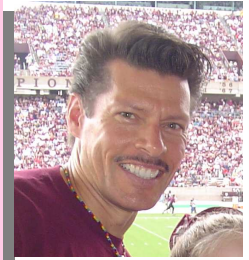
Gym: 940.696.FLIP (3547)

Web Site: www.696FLIP.com

Cell: 940.631.FLIP (3547) E mail: MrMrsFlip@sbcglobal.net

Text: 940.631.FLIP (3547)

Building self-esteem and fitness through the fun of gymnastics since 1990!



Joe Cronin – owner

PREAUTHORIZATION CREDIT CARD DRAFT OR BANK DRAFT AUTHORIZATION

Listed below are the guidelines that apply to the use of pre-authorized Automatic Bank Draft or Credit (Debit) Card Draft.

1. If choosing Bank Draft, be sure to attach to this form a voided check from the account you intend the money to be drafted from.
2. Please indicate below whether this is a checking account, a savings account, or a credit card account.

(Check One) Checking Account (please attach a voided check)
 Savings Account (please attach a blank deposit slip)
 Credit (Debit) Card

Visa _____ MC _____ AX _____ Disc _____

Account # _____ Exp. Date ____/____ Security Code _____

3. Payment date will be the 2nd of the month in which tuition is due. **(on back of card)**
 Gymnastics Sport Center of Wichita Falls will draft your designated account on the 2nd of the month unless that date falls on a holiday or a weekend. In this case your draft will be deposited on the next business day following your payment date.
4. Gymnastics Sport Center of Wichita Falls will calculate the monthly tuition for everyone in your family who is currently enrolled.
5. If account processing is declined there will be a \$5 service charge.
6. If account processing is declined for two consecutive months this contract becomes null and void. A new account will need to be designated.
7. Please sign the authorization below and return this form to the front counter in the gym.

AUTHORIZATION:

I authorize Gymnastics Sport Center of Wichita Falls to charge my checking/savings account or credit/debit card as indicated above in the amount of applicable tuition and to make the deduction payable to Gymnastics Sport Center of Wichita Falls. If **written notification** (text message or e-mail is acceptable) is received on or before 11:59 p.m. on the last day of the month then no draft will be performed for the month to follow. If written notification is received on or after of the first day of the month and no later than 11:59 p.m. on the 7th, there will be a twenty five dollar (\$25.00) service fee on any refund. No refunds will be made after 11:59 p.m. of the 7th of the month. Weekends and holidays are treated the same as any other day.

Month of first draft is _____, 200____. Amount to be drafted _____ per month.

Signature _____

Parent's Name (Print) _____ Today's Date _____

Child(ren)'s Name(s) _____ Class Day & Time _____

_____ Class Day & Time _____

_____ Class Day & Time _____

_____ Class Day & Time _____

_____ Class Day & Time _____

WRITTEN NOTIFICATION OF TERMINATION

Dear Mr. Cronin

Please remove _____ (child's name)

From _____ (Class and Time)

Today's Date* _____

Parent's (or Responsible Party) Signature _____

*Termination may not be done by phone. If written notification is received on or before 11:59 p.m. on the last day of the month then no draft will be performed for the month to follow. If written notification is received on or after the first day of the month and no later than 11:59 p.m. on the 7th there will be a twenty five dollar (\$25.00) service fee on any refund. No refunds will be made on or after the 7th of the month. Weekends and holidays are treated the same as any other day.

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E mail: MrMrsFlip@sbcglobal.net
Text Message (940) 631 – FLIP (3547)

Dropped from “Class Assignment”.

Review Charges & Look At Account

Bank Draft disabled (Change to “No”)

Marked off roll sheets