

**Carolina Gymnastics Center**

437 Rabon Rd  
Columbia, SC 29223  
Phone: 788-2808  
Fax: 788-2911

**ELECTRONIC TRANSFER OF FUNDS**

[Greyed-out box]

- Electronic transfer of monthly tuition from checking account\*
- Electronic transfer of monthly tuition and any other items billed to account each month\*

\*A voided check is required. Please attach.

[Greyed-out box]

Name of Bank: \_\_\_\_\_ Checking or Savings \_\_\_\_\_  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

\*A voided check is required. Please attach.

**AUTOMATIC CREDIT CARD BILLING**

[Greyed-out box]

- Automatic credit card charge of monthly tuition
- Automatic credit card charge of monthly tuition and any other items billed to account each month

[Greyed-out box]

Type of Credit Card: \_\_\_\_\_ Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_

I wish for these payments to begin effective \_\_\_\_\_ (date) and to conclude at the end of the current term. If I discontinue classes prior to the end of the term, I understand that I must submit written notification to Carolina Gymnastics at least 2 weeks (14 days) before stopping the automatic draft payment.

[Greyed-out box]

Child/Children's Name(s): \_\_\_\_\_

Signature of Approval: \_\_\_\_\_ Date: \_\_\_\_\_