

CAROLINA GYMNASTICS CENTER

437 Rabon Rd, Columbia, SC 29223

www.carolinagymnastics.com

ELECTRONIC FUNDS TRANSFER (From Checking Account)

Electronic transfer of monthly tuition from checking account*

Electronic transfer of monthly tuition and any other items billed to account each month

Name on Check: _____

Name of Bank: _____ Checking OR Savings

MUST ATTACH A VOIDED CHECK

AUTOMATIC CREDIT CARD BILLING (To Credit or Debit Card)

Automatic credit card charge of monthly tuition

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

VISA MASTERCARD DISCOVER CARD #: _____

Please Circle Card Type

Expiration Date: _____

Name on Card: _____ (As it appears on Card)

Billing Address: _____ (Where CC Bill is sent)

EMAIL ADDRESS: _____

**We send a courtesy
notice via email**

I wish for these payments to begin effective / 01 / (MM/01/YY)*

If I discontinue classes prior to the end of the term, **I understand that I must submit written notification to Carolina Gymnastics at least 30 days in advance to stop the automatic draft payment, and it is my responsibility to update any changes to this information.* NOTE:**

Payments are drafted between the 1st-5th of each month, depending on where the 1st falls in the week. An alternate date cannot be chosen.

Child/Children's Name(s): _____

Signature of Approval: _____ Date: _____