

CAROLINA GYMNASTICS CENTER

437 Rabon Rd, Columbia, SC 29223

www.carolinagymnastics.com

ELECTRONIC TRANSFER OF FUNDS

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: _____ **ATTACH A VOIDED CHECK**

Name of Bank: _____ Checking or Savings _____

Routing Number: _____ Account Number: _____

AUTOMATIC CREDIT CARD BILLING

Automatic credit card charge of monthly tuition

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

Type of Credit Card: _____ Card Number: _____

Expiration Date: _____

Name on Card: _____

Billing Address: _____

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.*** **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: _____