

Recurring Payment Authorization Form



If you would like to enjoy the convenience of automatic recurring billing, simply complete the Customer and Credit Card Information sections below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Customer Information (to be completed by customer)

Customer name _____

Athlete name(s) _____

Email address _____ Phone number (____) _____ - _____

Credit Card Information

Card type: MasterCard VISA Discover AMEX Other

Cardholder name _____ Cardholder ZIP Code _____
 (as shown on card) (from credit card billing address)

Card number _____ CVV _____ Expires _____ / _____

Notify me via email when my credit card is charged. (Make sure email above is correct.)

Payment Information (to be completed by Balance 180)

o I authorize Balance 180 Gymnastics & Sports Academy to automatically bill the card listed below as specified:

o Product/service description Annual Registration and Monthly Tuition

o Recurring amount

Annual Registration \$ _____ /year	Monthly Tuition \$ _____ /month
Start on: _____/_____/_____ Month Day Year	Start on: _____/_____/_____ Month Day Year
End on (check one): <input type="checkbox"/> End on: _____/_____/_____ Month Day Year <input type="checkbox"/> No end date	End on (check one): <input type="checkbox"/> End on: _____/_____/_____ Month Day Year <input type="checkbox"/> No end date

Customer's Signature

Date