Automatic Re-Enrollment & Payment Agreement Form

Customer Assignment and Electronic Funds Transfer Authorization for Stars Gymnastics LLC

410 N. Azusa Ave. Covina CA 91722 626-331-8841

I _____ authorize Stars Gymnastics LLC to charge my credit card indicated below on
(Parent's full name)

the 15th of each month as payment of tuition for the current and/or upcoming session, in the accurate amount for my child's appropriate class(es). I also authorize payment of $35, one time per year for my child's annual membership fee on his/her anniversary date.

- I understand that I will receive a 5% discount on class tuition, while participating in Auto Pay. Total eight week tuition will be processed after the discount has been applied. Half of the total due will be processed in two monthly payments each session. Continuous payments on the 15th of each month will keep my child enrolled throughout the year.
- I understand that I will only receive notice if the processing tuition amount or due date changes. I accept any amount changes unless I cancel AutoPay by the 5th of the processing month in writing.
- Declined payments will result in a $25 Declined payment fee, which will be added to the balance due and must be paid prior to any further class enrollment or participation.
- Any modifications, suspension or cancellation of this Auto Pay agreement, must be made in writing by the 5th of any months to stop processing on the 15th of that month. Written requests after the 5th will go into effect the following month. Verbal requests and voice messages are not acceptable forms of notification to suspend or cancel auto pay.
- I understand Stars Gymnastics Policies state that there are no financial refunds permitted. If necessary, a financial credit may be given to the student's account, to be used within 90 days towards tuition, clinics or camps. Unused credits will be forfeited after 90 days.

Customer Full Name As It Appears On Credit Card Account

Credit Card Number

★Credit card must be presented

Type:	Expiration:	Zip Code:	CVC:

Home Phone Number

Cell Phone Number

Email Address

Student First Name	Student Last Name	Class/Level

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form. I understand that there will be a $25 fee added to my balance due, for any declined transactions on my credit card.

Purchaser Printed Name	Purchaser Signature	Date