



274B Lewiston Street \* Mechanic Falls, ME 04256 (207) 583-5082

## Automatic Payment Enrollment Form

Every family enrolled at Oxford Hills Gymnastics must submit this form and keep a card on file with us. Tuition is deducted on the 20<sup>th</sup> day of each month from the card provided, unless an alternate payment method is used prior to that date. There will be a \$20 fee for declined payments and there will be a ten day period to make the payment before the student is dropped from class.

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_

Name: (please print as it appears on your card) \_\_\_\_\_

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. date \_\_\_\_/\_\_\_\_

3 digit code: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address for receipts: \_\_\_\_\_

I hereby authorize Oxford Hills Gymnastics to charge my credit or check card for all services and products related to my family's enrollment in classes and activities at Oxford Hills Gymnastics including but not limited to tuition, memberships, special events, private lessons, merchandise, etc. (Note: Fees are subject to change). I understand that my credit or check card will continue to be charged on a monthly basis (the 20<sup>th</sup> day of each month) unless I pay with another method of payment or submit a drop form before the 20<sup>th</sup> of the month. I understand that it will not be sufficient notice to merely tell an instructor or supervisor of our intent to discontinue. I have read this entire agreement and understand that I will be held fully responsible for its terms and conditions of service. I agree to notify OHG immediately of any change in the status of my charge account including but not limited to card expiration, name change, limitation of use, loss or theft of the card, etc. In the event that the amount charged is refused for whatever reason, I accept responsibility for full payment for the amount charged as well as any late charges incurred.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_