

## Leaps & Bounds 2020-21 Automatic Payment Agreement and Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us, in writing, a minimum of 10 business days prior to your next automatic payment. If the end of the month does not coincide with the end of the current session, you may be required to pay the difference. This authorization will remain in effect until cancelled, in writing, or May 31, 2021, whichever comes first.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <span style="margin-left: 150px;"><input type="checkbox"/> Discover</span> <span style="margin-left: 50px;"><input type="checkbox"/> AMEX</span> <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Last 4 Digits Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize Leaps & Bounds Gymnastics to charge my credit card above for gymnastics/tumbling/dance/preschool classes for the 20202021 season. I understand that my information will be securely saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date