

Date: _____

Auth. Code: _____

Ref. #: _____



TRI-TOWN GYMNASTICS CENTRE, INC.

211 Hartford Turnpike
Tolland, CT 06084
860 871-1964
Fax: 860 454-0022

info@tritowngym.com



2018-19 Credit/Debit Card Payment Authorization

Sign and complete this form to authorize Tri-Town Gymnastics Centre, Inc. to charge your credit card listed below.

I would like to make a one time payment in the amount of _____ on _____ (skip to *).

Recurring Payment Authorization

By signing below, I authorize Tri-Town Gymnastics Centre, Inc. (herein after Tri-Town) to charge the account identified below on the 5th of each month for _____ months, the monthly fee of _____. Tri-Town may charge my account as early as 12:01 a.m. ET on the 5th of the month.

I have the **right to cancel** this payment arrangement by notifying the office at Tri-Town in writing (email info@tritowngym.com or note handed to the office) that I am terminating this authorization, **or change the credit card** by completing a new authorization, **30 days prior to the payment date**. If I will not have enough money in my account to cover my payment I must notify the office immediately in writing and pay the monthly fee by cash or check by the 5th of the month.

*In the event any charge is not successful, I authorize Tri-Town to reinitiate the charge one time. If the charge is unsuccessful on the second attempt, I will immediately owe the monthly fee and \$5 convenience fee in cash or check. In the event Tri-Town makes an error in processing a charge, I authorize Tri-Town to initiate a charge to correct the error.

***Billing Address statement mailed to (required):**

*Cardholder Name: _____ D.L. #: _____

*Cardholder Phone: _____ Email address: _____

*Card Type: ___ Visa ___ Mastercard ___ AMEX ___ Discover

*Card Number: _____

*Expiration Date: _____ CVV (3 digit number on back or 4 digits on front of AMEX): _____

*Cardholder Signature: _____ Date: _____

*Name of Student(s): _____ Class day(s) and time(s): _____