C&C Gymnastics LLC
DEBIT AUTHORIZATION

I (we) hereby authorize C&C Gymnastics LLC hereinafter called C&C Gymnastics, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called Financial Institution, to debit the same to such account for monthly charges. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

*****CHECKING ACCOUNTS ONLY*****

_____: _____
Routing Number Account Number

Military Discount: Yes_____No_____ Sibling Discount: Yes_____No_____

Monthly Charge Amount: _____Anniversary Month Charge Amount: _____

Monthly Auto Charge Start Date (2nd Month): _____Date of Debit (s): ***1St of the month***

*****NO PAY, NO PLAY POLICY*****

Any returned ACH charges and/or checks must be paid along with the $20 return fee to the front desk by the 15th of the month. Failure to do so will result in your child being removed from our program. Initials: _____

If the debit is recurring and the date of the debit falls on a non-banking day, the debit will hit your account on the next banking day and will not hit your account prior to the authorized date.
(Note: For varying amounts the company must send, based on the *NACHA Operating Rules*, written notification of the amount and the date on or after which the transfer will be debited at least ten calendar days in advance of the debit. If the date varies, the *Rules* state that the Originator must send the Receiver notification of new date at least seven calendar days in advance of the debit.)

This authority is to remain in full force and effect until Company has **received a 30 day (from the charge) written withdrawal notification from me (or either of us)** of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act on it. All withdrawals must be turned into the front desk. Emails are not accepted.

_____
Print Participant's Name(s)

_____
Print or Type Individual Name of Account Holder

_____
Signature Date

*****ATTACH VOIDED CHECK*****