

JOEL BABA'S SCHOOL OF GYMNASTICS, INC.  
2020-2021  
MONTHLY CREDIT CARD PAYMENT FORM

PARENT NAME: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ CLASS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_/\_\_\_\_ SECURITY# \_\_\_\_\_

NAME AS IT APPEARS ON CARD \_\_\_\_\_

**What would you like your card used for:**

Joel Baba's Fees:

Registration Fee \_\_\_\_ Tuition \_\_\_\_ Recital Fee \_\_\_\_ Recital Leotard

OPTIONS PICK ONE:

\_\_\_ I would like my credit card automatically charged on the first of the month. (A \$3.00 processing fee will be added.)

\_\_\_ I would like to make my own payments. I understand if my tuition is not paid by the 15th of the preceding month, my credit card will be charged on the 16th. (A \$5 processing fee will be added to your charge after the 15th.) If a charge is declined or cannot be processed, a \$20 late fee will be added to your account. Late fees will be strictly enforced.

I, hereby authorize, Joel Baba's School of Gymnastics, Inc. to charge the above credit card for the expenses listed above when due.

\_\_\_\_\_  
Purchaser sign here

Date \_\_\_\_\_