C&C Gymnastics DEBIT AUTHORIZATION

I (we) hereby authorize 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.

Financial Institution **	**CHECKING ACCOUNTS ONLY***
Routing Number	Account Number
Monthly Charge Amount:	Anniversary Month Charge Amount:
	Pate (2 nd Month):
Date of Debit (s): *1 St of the	month*
There is a \$20 fee for all ret	urned ACH Charges and/or checks. Initials:
]	NO PAY, NO PLAY POLICY
	nd/or checks must be paid along with the \$20 return fee to the front. Failure to do so will result in your child being removed from our
account on the next banking of (Note: For varying amounts the notification of the amount and the days in advance of the debit. If the debit is the	the date of the debit falls on a non-banking day, the debit will hit you day and will not hit your account prior to the authorized date. company must send, based on the <i>NACHA Operating Rules</i> , written the date on or after which the transfer will be debited at least ten calendar the date varies, the <i>Rules</i> state that the Originator must send the Receiver seven calendar days in advance of the debit.)
withdrawal notification from to afford Company and Finan	full force and effect until Company has received a 30 day written m me (or either of us) of its termination in such time and manner as cial Institution a reasonable opportunity to act on it. All nto the front desk. Emails are not accepted.
Print or Type Individual Nam	e of Account Holder
Print Participant's Name(s)	
Signature	

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