

Fitness Athletic Center

Credit/Debit Card Authorization

Monthly Automatic Draft

I authorize and give my consent for Fitness Athletic Center to deduct my child's/children's monthly tuition from my credit/debit card on file as listed below. I understand that a \$5 convenience fee will be added to the final amount. This authorization is in effect until I give 30-day notice to withdraw from the gym program or until I give written request to cancel automatic credit/debit card payment.

Signature: _____ Date: _____

1st Child Name: _____ Class Day/Time: _____

2nd Child Name: _____ Class Day/Time: _____

3rd Child Name: _____ Class Day/Time: _____

VISA/MC/Discover #: _____ Exp: Date: _____ CVV _____

Billing Address: _____ Zip Code: _____

Name as it appears on Card: _____

Your Telephone Number: _____