

Consumer Termination of Authorization for Direct Payments

This form must be completed and delivered to the OGI Office in person or by US Mail in order to terminate a direct payment authorization from a bank or credit card account.

I /we _____ (print)
hereby terminate the authorization of The Ohio Gymnastics Institute, Inc. (OGI) to electronically debit my/our account **Bank Account** or charge my/our **Credit Card Account** (circle one) for fees for _____ [OGI Student's name(s)] as specified below:

If Bank Account (ACH):

Account number _____ **Checking or Savings** (circle one)

Depository Name _____

ABA/Routing Number _____

If Credit Card (PACCP):

Credit Card Account number _____

Credit Card Company Name _____

Expiration Date _____ CSV Number _____

As I/we agreed in the original authorization, if the OGI Office **receives** this termination of authorization form on or before the 15th day of the month the termination will be effective the following month. If the OGI Office receives this termination of authorization form after the fifteenth day of the month, the termination will be effective the second month after receipt of the form and your child will continue to be enrolled in class until the termination is effective. No refunds, credits or transfers will be made. The OGI office is located at 5701 West Webb Road, Austintown, OH 44515.

Name(s): _____
(print)

Date: _____ Signature(s): _____