



## Credit Card Authorization Form

### Recurring Monthly Charges for Lakettes & Lakers Gymnastics Academy

Date:		
Students Name:		
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Credit Card #:		Exp Date
Card holder name (as shown on card):		
Card Billing Street Address:		
Card City, State, Zip Code:		
Amount: \$ _____ *		
<p>* This amount represents the initial recurring monthly charge (as of the date signed).          In the event Student alters their class, the recurring charge will differ.</p>		
<p><b>AUTHORIZATION</b></p> <p>I hereby authorize Lakettes &amp; Lakers Gymnastics to charge my credit card, monthly, for fees associated with gymnastics classes and if necessary to make adjustments for any changes to my account. I agree that the periodic charge will apply to my credit card according to my Lakettes &amp; Lakers billing cycle, and in order to cancel the recurring billing process, I am required to contact Lakettes &amp; Lakers Gymnastics (in writing) 2 weeks in advance to cancel. I understand Lakettes &amp; Lakers Gymnastics will not mail me invoices or bills. I agree that if I have any problems or questions regarding my account or services, I will contact Lakettes &amp; Lakers Gymnastics Academy. I also agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy the situation directly with Lakettes &amp; Lakers Gymnastic Academy. I guarantee and warranty that I am the legal card holder for this credit card and that I am legally authorized to enter into this recurring credit card billing agreement with Lakettes &amp; Lakers Gymnastics.</p>		
_____ Signature of Card Holder		_____ Date Signed