



North Valley Gymnastics
 20815 N. 28th St.
 Phoenix, AZ 85050
 602-404-FLIP (3547)
 www.northvalleygymnastics.com

AUTOPAY Credit Card Authorization Form

Family Name: _____	Home Phone: _____ - _____ - _____
	Cell Phone: _____ - _____ - _____
Email Address: (REQUIRED) _____	
Student's Name(s): _____ _____	

Name Exactly As it Appears on Card: _____

Billing Address for Card: _____ City: _____ Zip: _____

AutoPay Rules and Policies

- AutoPay transactions will be processed on/after the 1st of each month for the upcoming month's charges and any past due charges.
- If North Valley Gymnastics is unable to obtain authorization, a \$10.00 fee will be assessed to your account.
- By enrolling in the AutoPay program, you authorize North Valley Gymnastics to automatically bill your credit card on file for all charges billed to your account each month. Charges that may be billed on your account may include, but are not limited to: Monthly Tuition, Annual Registration, Open Gym, Team Fees, Merchandise, etc.
- It is the customer's responsibility to provide all updated information in advance of payment due date when any credit card information changes (i.e. card number, billing address, expiration date, etc.) to avoid declined transactions and associated fees.
- Statements will NOT be sent out prior to billing your credit card. If you have any questions about a charge, please contact us via email, telephone, or in person and we will be happy to provide the details of your account balance.
- AutoPay can be terminated at any time. Notice must be received by the 25th of the month in order to avoid being charged for the upcoming month (For example: You must submit your cancellation notice by August 25th to avoid charges on September 1st, etc.). Notice **MUST BE** provided in **WRITING** via one of the following methods: Email, Fax, or delivered in person.
- North Valley Gymnastics will not issue a refund for any charges if notice is not received by the 25th of the preceding month in which the charges were incurred.
- North Valley Gymnastics reserves the right to cancel your enrollment in AutoPay and/or discontinue the AutoPay program at anytime.

Authorization

I authorize North Valley Gymnastics to charge my credit card each month for my total account balance. If North Valley Gymnastics is unable to obtain an authorization, a fee of \$10 will be charged to my account. I agree to provide updated information pertaining to my card in order for an authorization to be obtained. I understand that I may terminate this agreement by giving written notice no later than the 25th of the month. This agreement will remain in effect until such written notification is received or until the card has expired. I have received, read, understand, and agree to AutoPay Rules and Policies.

I HAVE READ AND AGREE TO THE ABOVE PARAGRAPH.



_____ Customer Name (printed)



_____ Customer Signature



_____ Date