



Automatic Monthly Payments

I, _____, authorize Gold Star Gymnastics, L.L.C., to debit my credit card during the last week of every month, in order to pay tuition for the following month. I understand that my account will continue to be debited until such time as Gold Star receives written notification of either the termination of this service or the termination of my child's enrollment in the program.

Name that Appears on the Credit Card: _____

Student's Name: _____

VISA / MC (Circle One)

E-mail Address: _____

Credit Card Number: _____ **CCV:** _____

Expiration Date: _____ **Tuition Amount: \$** _____

Billing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Signature **Date**

Print Name

I understand that any tuition changes resulting from changes in the number of classes or class level will be automatically reflected in these monthly payments.

Initial

Office Use Only:

| Updated Credit Card #: | Updated CCV: | Updated Exp: | Client Initials: | Date: | Comp: |
|------------------------|--------------|--------------|------------------|-------|-------|
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