

## Credit Card Authorization Form

This Agreement is between Rising Star Gymnastics and Customer. "I" refers to Customer and "RSG" refers to Rising Star Gymnastics. I authorize RSG to initiate electronic payments for the balances due on my RSG account(s). I understand that the monthly charges will be determined by my class enrollment/tuition fee amount and may vary depending on class ADDS or DROPS and also as any other payment or charges that are applied to my account based on my activities and purchases at RSG. I understand that payment will be made on the 1<sup>st</sup> of each month via an automatic charge to my credit or debit card for any balance due on my account at that time. **I understand there will be a \$20.00 fee for any payment that does not go through due to insufficient funds, expired card, changed account numbers, or any other reason.** RSG is not responsible for any bank fees incurred by the Customer. RSG has the sole right to modify any payment due date and to resubmit returned/declined items without prior notice. I understand that if I choose to make a payment to RSG by the 20<sup>th</sup> of the current month that covers my account balance, then my credit/debit card will not be charged on the 1<sup>st</sup> of the following month. Termination must be made in writing thirty days in advance of dropping a class. I understand I am responsible for monthly tuition, charges and activities for 30 days after RSG **receives** my drop form and I authorize RSG to initiate electronic payment for all balances due on my account(s). I have read this agreement and understand that once it is signed by me it is a legally binding and enforceable obligation and I agree to comply with all the provisions, terms and conditions set forth in this agreement. I acknowledge I have received a copy of this agreement. I agree to pay the Balanced Billed. I acknowledge having read this Agreement in its entirety.

\_\_\_\_\_  
Customer Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

I, \_\_\_\_\_ authorize Rising Star Gymnastics, to charge the following credit card(s) for current and future purchases as outlined above. I absolutely and unconditionally guarantee payment for any purchases made with the credit card account number identified below.

### CREDIT CARD INFORMATION

CARDHOLDER'S FULL NAME: \_\_\_\_\_

CORPORATE NAME: (IF BUSINESS CARD) \_\_\_\_\_

CARDHOLDER'S BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ CVV2: \_\_\_\_\_

TYPE OF CREDIT CARD: (CIRCLE ONE)      VISA      MASTERCARD

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

**PLEASE ATTACH A COPY OF A GOVERNMENT ISSUED ID ALONG WITH A COPY OF THE CREDIT CARD.**