



1740 La Costa Meadows Drive, Ste. 501, San Marcos, CA, Tel: 760 633-3440
www.socalgtc.com

Authority To Use Credit or Debit Card For Payments

Name of Parent: _____

Name of Child: _____

I have given authority to (Bank Name) _____ to honor preauthorized checks drawn or charges by you on my account for tuition payment or credit/debit withdrawals as indicated. (It is understood that you are sending a preauthorized check to the bank or charging a credit/debit account as payment becomes due for tuition.) This shall constitute valid notice of such payment due for tuition. When the bank honors the check by charging my account such check or credit/debit statements from the banks shall constitute my receipt for the payment. Should any preauthorized check or credit/debit charge not be honored by said bank when received by them, then it is understood that the payment is to be made by one on the amount of said payment. I also understand that I will be responsible for any bank charges accrued due to insufficient funds, closed accounts, or declined credit/debit cards. If this should happen I will also be responsible for the returned item fee due to SoCal Gymnastics Training Center of \$25.00. I understand that I am in full control of my payment, and if at any time I decide to discontinue classes, I will simply give a 15-day written notification to SoCal Gymnastics Training Center.

Signature of Customer: _____

Credit/Debit withdrawal

Cardholder name: _____

Account Number: _____ Exp. Date: _____

Draft start date: _____ Session Amount: _____

We only take Mastercard or Visa cards