

AUTHORIZATION TO DRAW AUTOMATIC DEBITS OR DRAFTS:

Name Of Customer _____

Student's Name _____ Phone _____

Student's Name _____

Student's Name _____

Bank Account No. _____ Monthly Payment: \$ _____

Bank Routing No. _____ Start Date _____

Change Date _____

Stop Date _____

As a convenience to me, I hereby request and authorize Peninsula Gymnastics to draft my account in order to pay for my membership fees. I give authority to the above named bank to honor the Electronic Funds Transfer (EFT) drawn by Peninsula Gymnastics. When the bank honors the EFT by charging my account, such EFT shall constitute my receipt for the payment. Should the said bank not honor any EFT, when received by them, then it is understood that the payment is to be made by me in the amount of the said payment. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice I agree that you shall be fully protected in honoring such EFT. I understand that there will be a \$20 fee for insufficient funds.

ATTENTION:

Per your month of registration, an **annual fee** will be automatically deducted from your checking account.

If you want to make any changes regarding your classes or to stop your account, please provide us with a written notice **before the 25th** of the month prior to any changes.

*AUTOMATIC DEDUCTION FROM CHECKING ACCOUNT WILL APPEAR UNDER THE NAME **CLUB SYSTEMS**
 ON THE 4TH OF THE MONTH*
 PLEASE ATTACH VOIDED CHECK

Date: _____ Authorized Signature: _____