



Please print the following information:

Child's full name(s) \_\_\_\_\_

Person authorizing automatic credit/debit card draft payments:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (H) \_\_\_\_\_

Phone (C) \_\_\_\_\_ Email Address \_\_\_\_\_  
(Please print clearly)

Regular Monthly Draft Amount \$ \_\_\_\_\_

Please Mark class duration

40/45 Min  1 Hour  1 1/2 Hr. Class  2 Hr. Class  Pvt/Semi/Sm. Group

Monthly tuition payments may change if/when student services change. A thirty (30) day notice required for any changes or drops. Monthly charges will be made between the 1<sup>st</sup> through the 10<sup>th</sup> of each month.

**Any payment authorization declined will be charged a \$10.00 decline fee & will be added to the total amount due.** \_\_\_\_\_ (Customer Initial please)

This amount may be collected, or charged to the card on file. If fees are not collected by the 10<sup>th</sup> of the month, an additional \$5.00 late fee will apply, and the total account balance is subject to being reprocessed. An annual membership fee, in the amount of \$45.00, will be automatically processed by August 31<sup>st</sup>. This is a yearly fee due prior to September 1<sup>st</sup> of every year for all students.

I hereby authorize tuition payments, as shown above, to be charged to the account designated below. In the event that I change my credit card service to a different bank, a different account, issued a new card/account number/different expiration date or close my account, I will notify AAI in writing at least 30 days prior to the date of my next scheduled automatic payment. Per the AAI Registration Form/Rules and Policies, I will give a 30-day written notice to AAI before the automatic card payment, if for any reason I withdraw my child from his/her program.

I hereby authorize drafts from my credit/debit account only as specified above

Name as it appears on card \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Authorizing signature \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Name on CC & billing address if different \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_ Credit \_\_\_\_\_ Debit \_\_\_\_\_

Please Return Completed form to:

Acrobatic Academy Inc. 2111 N. Maize Rd. Wichita, Ks. 67212  
316-721-2230 316-729-5541 (fax)