



Acrobatic Academy
 Fitness & Education Center Inc.
**Monthly Automatic Payment Authorization for
 Credit/Debit Cards**

**ALL FORMS MUST BE IN BY THE 25TH OF THE MONTH,
 PRIOR TO THE MONTH IT WILL BE WITHDRAWN**

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 ½ 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 1st through the 10th 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 not collected by the 10th of the month, an additional \$5.00 late fee will apply.

A yearly membership fee, in the amount of \$35.00, will be automatically processed by August 31st. This is a yearly fee due prior to September 1st of every year.

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)