



Attach voided check here for authorization

(use tape for faxing)

Do not use deposit slip

ALL FORMS MUST BE IN BY THE 25TH OF THE MONTH, PRIOR TO THE MONTH IT WILL BE WITHDRAWN

Acrobatic Academy Fitness & Education Center Inc.

Automatic Payment Authorization from Checking Accounts

Please Note, each monthly tuition draft payment will typically be processed on the 1st banking day of each month and no later than the 10th of each month. Customer may stop a draft, upon request, provided we are given a 30 day advanced written notice.

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

Any EFT check drafts that are returned to AAI will be charged a \$30.00 fee. The full tuition amount will be drafted for a 2nd time within 1 week of any returned draft.

Please print the following information: Child's Full Name(s): _____

Person authorizing automatic draft payments:

Name: _____ Address _____

City: _____ State: _____ Zip _____ Phone (H) (____) _____ - _____

Phone (C) (____) _____ - _____ Email Address : _____

(Please Print clearly)

Estimated monthly draft amount:\$ _____
(Monthly Draft Amount may change if amount of services changes.)

Please mark class duration:

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

I hereby authorize monthly tuition payments, as shown above, to be drafted from the account designated below. Monthly tuition payments may change if/when student services change. In the event that I change my checking service to a different bank, different account, or close my account, I will notify AAI in writing at least 30 days prior to the date of my next scheduled automatic payment. I understand that a bank draft carries all the responsibilities of a check and I agree to maintain funds available in the designated account to cover these drafts as they occur. I will give a 30-day written notice to AAI before stopping the automatic draft payment, if for any reason I withdraw my child from AAI.

Please note: All bank drafts or checks returned to our bank as NSF, account closed, or for any other reason, will be charged a \$30.00 returned check fee. The total amount due on any returned item may be resubmitted and/or broken into multiple drafts to expedite collection. **I hereby authorize drafts from my checking account only as specified above.**

Signature: _____ **Date:** ____/____/20____

Please return or fax this completed form to:

Acrobatic Academy Fitness & Education Center Inc.
2111 N. Maize Rd. • Wichita, KS 67212

Office: 316-721-2230 • Fax: 316-729-5541