



TUITION PAYMENT FORM—AUTOMATIC WITHDRAW



Athlete Name(s): _____ Class: _____

Monthly payment amount of \$ _____ starting in _____ on the **1st** **OR** **15th** day.
(amount) (month) (draft day)

1. I authorize American Twisters to charge my account for payment of my monthly tuition and any other outstanding charges to the account listed below each month until further notice. The total balance due on my account may include: tuition, annual registration/membership, and any other outstanding charges incurred.
2. Annual Registration/Membership fee will be charged to your account if your child is enrolled in a class (recreational or school) at any location on August 15th. This cost for membership/registration is \$30 for the first child and \$10 for each additional child.
3. This authorization is to remain in effect until American Twisters/Infinity Cheer has received notification from me of termination in such time to afford American Twisters/Infinity Cheer a reasonable opportunity to act on it (30 days) or until the class has ended.
4. By signing this authorization, I acknowledge that I have read and agree to the above information and warrant all information given to be true.

Signature: _____ Date: _____

BANK ACCOUNT INFORMATION

My account information is as follows:

_____ **CHECKING / SAVINGS / BUSINESS CHECKING**
Bank Name Bank Account Type

_____ _____
Bank ABA Routing Number Bank Account Number

_____ _____
Customer Name Printed (as appears on account)

I understand a \$35 "return/NSF fee" may be charged to this account: _____ (initial)

*****attach voided check**

OR

CREDIT / DEBIT CARD INFORMATION

_____ _____ _____
Card Type (MC, Visa, Discover) Card Number Expiration Date

_____ _____
Card Holder Name (as it appears on card) Zip Code (billing address)

I understand a \$35 "return/NSF fee" may be charged to this account: _____ (initial)