



**WORLD ELITE GYMNASTICS**  
23031 Arroyo Vista, Suite B  
Rancho Santa Margarita, CA 92688  
949-888-1444

### AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD PAYMENTS

Athlete's Name(s): \_\_\_\_\_

#### Credit Card Information:

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

3-digit Security Code (On the back of the card): \_\_\_\_\_

Cardholder's Name (as shown on the credit card): \_\_\_\_\_

Cardholder's Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

#### AutoPay Rules and Policies

- AutoPay will be processed on the 27<sup>th</sup> of each month for the upcoming month's charges and any past due charges.
- If World Elite Gymnastics is unable to collect payment from your card, a \$15 late fee may be assessed to your account.
- By signing this form, you authorize World Elite Gymnastics to automatically bill the card listed above for all charges due on your account. These charges may include monthly tuition, open gym, pro shop purchases, and annual registration. TEAM FEES WILL NOT BE RUN IN THE AUTOPAY SYSTEM.
- It is the customer's responsibility to provide all updated information in advance of payment due date when any credit card information changes such as expiration date or card number. Failure to keep information current may result in late fees.
- Statements will be sent approximately one week before AutoPay is run. Please check your statement for accuracy.
- AutoPay may be cancelled at any time either with our office or online.
- Termination of enrollment requires a 14 day notice. Failure to notify our office of class withdraw will result in continued AutoPay collection until such notice is given, even if the athlete does not attend class.
- World Elite Gymnastics will not issue a refund for tuition or fees collected through AutoPay.

#### Authorization

I authorize World Elite Gymnastics to charge my credit card each month for my total account balance due. If World Elite Gymnastics is unable to obtain an authorization a late fee of \$15 may be charged to my account. I agree to provide updated information pertaining to my card in order for an authorization to be obtained. I understand that I may terminate this agreement by giving notice not later than the 25<sup>th</sup> of the month for the current billing cycle, or by removing my information through the Online Portal provided. This agreement will remain in effect until such notice is received or until the card has expired. I have received, read, understand, and agree to AutoPay Rules and Policies.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

	Date	Initials
Cancelled From Classes in iClass		
Removed From Autopay in iClass		