

## Recurring Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us, **with a two weeks required written notice.** \_\_\_\_\_ <----- Parent's initial

### Customer Information (to be completed by merchant)

Customer/company Rhythmic Attitudes of Houston  
Contact name Kriszti Mills Account number \_\_\_\_\_  
Email address krisztimills@comcast.net Phone (281) 431 - 4300 Ext: \_\_\_\_\_

### Payment Information (to be completed by merchant)

I authorize \_\_\_\_\_ to automatically bill the card listed below as specified:

Product/service description Rhythmic gymnastics / combination classes \$75 monthly tuition + \$40 / \$50 yearly registration fee

Recurring amount \$75

Frequency (check one)  Once  Daily  Weekly  Twice/month  Monthly  Quarterly

Start on September 1st / 2014 End on: (check one)  \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year Month Day Year  
 No end date

### Credit Card Information (to be completed by customer)

Card type  MasterCard  VISA  Discover  AMEX  Other \_\_\_\_\_

Cardholder name \_\_\_\_\_ Cardholder ZIP Code \_\_\_\_\_  
(as shown on card) (from credit card billing address)

Card number \_\_\_\_\_ Expires \_\_\_\_\_ / \_\_\_\_\_

Notify me via email when my credit card is charged. (Make sure email address above is correct.)

\_\_\_\_\_  
Customer's signature

\_\_\_\_\_  
Date

Name of gymnast: \_\_\_\_\_