

Automatic Credit Card Billing Authorization Form

Emerald City Academy of Rhythmic Gymnastics, LLC Automatic Credit Card Billing Authorization Form

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. 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.

I authorize Emerald City Academy of Rhythmic Gymnastics, LLC. to automatically bill the card listed below monthly for gymnastics instruction, merchandise and associated fees.

Credit Card Information:

Credit card type: **(Visa, MasterCard, American Express)**

Credit card number: _____

Expiration Date: _____

Card Verification Value (CVV): _____

(note: three digits on back of Visa/MC, four digits on front of American Express)

Cardholder name:

Cardholder Billing Address: _____

Cardholder Zip code: _____

Customer's signature: _____

Date: _____

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