Recurring ACH Payment Authorization

Student Name:_____ Date:_____

Additional Student:_____ Additional Student:_____

The monthly fee is $105 per student, $100 for the second sibling, and $95 each additional sibling.

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period. The charger will appear on your bank statement as an "ACH Debit". You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the billing being collected.

I, _____, authorize Heidi's Gym to charge my bank account indicated below for

$ _____ on the 1st day of each month, beginning _____, and continuing each month until canceled.

This payment is for gymnastics instruction. These fees were determined based on an annualized method considering time off for holidays. Therefore, the fee will be a flat monthly fee and will not be reduced during months when we break for holidays.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Bank Details

__ Checking __ Savings

Account Name _____

Bank Name _____

Account Number _____

Routing Number _____

I understand that this authorization will remain in effect until I cancel it by providing 30 days written notice by the 1st day of the month, handed to Coach Heidi or Coach Savannah at the gym. I agree to notify Heidi's Gym in writing of any changes to my account information at least 15 days prior to the next billing date, If the above noted payment dates fall on a weekend or holiday, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction date. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that Heidi's Gym may at its discretion attempt to process the charge again within 30 days, and I agree to an additional $30 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____
(Account Holder's Signature)

__ Indicates update to banking account information only
__ I wish to cancel this agreement effective _____ _____
(Signature)