



AUTO PAY AUTHORIZATION FORM

Student Name	Current Class/Level	Current Tuition Amt.

Total Tuition _____

By authorizing Auto-Pay you accept that Class tuition will be billed on the first of every month. You also accept necessary changes to tuition amount as your child progresses through class levels.

Signature: _____ Date: _____

Your Credit Card information is not stored in any format on Gym Nation premises. The information below will be destroyed once entered on the Auto-Pay billing server. A 30 day notice is required in the event of departure to ensure cancellation of Auto-Pay. You will be responsible for the next month's tuition if you do not notify Gym Nation 30 days in advance.

Card Type: Visa/Master Card/Discover

Card Number: _____ Exp. Date: _____

Billing Address: _____ Zip: _____

Signature: _____ Date: _____