



GYM FEES ELECTRONIC PAYMENT FORM

Customer Name	
Student Name	
Email Address	
Best Phone Number	
Billing Address	

Credit/Debit Card Authorization

Card Type (Visa, Discover, Mastercard, American Express): _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ Card Security Code (3 or 4 digit code): _____

Payment Amount

PAYMENT AGREEMENT

I hereby authorize ATA to initiate debit or credit entries to my Checking/Savings/Credit Card Debit Card Account indicated above at the depository financial institution named above (hereafter called Depository) , or to the card account listed above; and to debit or credit the same such amount to such account. If this item is dishonored, I authorize an additional returned check/refusal of charges fee of \$25.00(or legal limit) to be charged to this account. I understand and accept that payment for services rendered by ATA is due on the 1st of any given month for services rendered for the following month while enrolled in the program. The above listed method of payment shall be charged for said months on the 1st of every month for the following month's charges. If the 1st of the month falls on a weekend, accounts will be charged on the last business day of the week. I understand that services may be denied or interrupted by ATA due to the refusal or denial of charges made on this account for any reason. The term of this agreement can only be discontinued by directing written notification to ATA by the 15th of the month to stop charges for the following month. I represent and warrant that I am authorized to execute this payment authorization for the purpose of securing Services provided by ATA. I understand there is a late fee of \$25 that I am responsible for if I do not pay by the 10th of each month. I indemnify and hold the Merchant Service Provider, the Depository, the company holding the above mentioned card account, and ATA harmless from damage, loss, or claim resulting from all authorized actions here under.

Consumer Name (Printed)

Authorized Customer Signature

Date