REVOLUTION CHEER GYM, LLC.

AUTO PAY FORM

Athlete Name:_____

Payment Information

Please Circle One: VISA MC DISC. AMEX

Card Number: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Expiration: _____/_____ Card Verification: ___ ___ ___ ___

_____ **I do not wish to use the Auto Pay option.** This information is only to be used if I am 7 days overdue or leave the program with a balance.

_____ **I wish to use the Auto Pay option** for all monies as they become due.

I authorize Revolution Cheer Gym, LLC. to withdraw funds using my debit and/or credit card information for a payment of a recurring amount. Furthermore, if any such debit(s) drawn off the account is returned unpaid, I authorize Revolution Cheer Gym, LLC., to collect such debits by electronic debit and subsequently collect an electronic per item returned NSF ("non-sufficient funds") service fee not to exceed the state allowable amount of $30.

This authorization shall remain in full force and effect until Revolution Cheer Gym, LLC. has received written notification from athlete/parent of its termination in such time and in such manner as to afford until Revolution Cheer Gym, LLC. a reasonable opportunity to act upon it. I am a duly authorized credit card user on the identified account and authorize all the above with my signature.

_____ _____

Parent/Guardian Signature Date