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Credit Card Recurring Payment Authorization Form

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard or Discover card. You will be charged each billing period for the total amount due for that period.

Please complete the information below:

I, _____ authorize Adrenaline Tumble and Cheer to charge my credit card indicated below on the FIRST DAY of each MONTH for payment.

Billing Address _____

City, State, Zip: _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover
Cardholder Name:	_____		
Account Number:	_____		
Expiration Date:	_____	V-Chip Code:	_____

Authorization Signature _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 1 month prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

To cancel this recurring automatic draft, this form must be signed and dated. I will not dispute any charges with my credit card company unless upon cancellation of classes and Credit Card Cancellation Request is signed.

Credit Card Cancellation Request _____ DATE _____