

AUTHORIZATION AGREEMENT DIRECT PAYMENT (ARH DEBITS)

I hereby authorize West Tennessee Gymnastics and Cheer Academy to debit entries to my account indicated below and the Financial Institution named below to debit same to such account. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Customer Information:

Gymnast(s) Name(s): _____

Account Holder's Full Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

GCA Site Location: _____ Class Day/Time: _____

Bank Account Information:

(Financial Institution Name)

(Address) (City, State) (Zip)

(Routing/Transit Number) (Account Number) Type of Account: ___ Checking ___ Savings

Debit Amount \$ _____ (or lesser amount if monthly tuition is pro-rated)

Beginning Draft Date (all drafts are on the **1st** of upcoming month): _____

I agree West Tennessee Gymnastics and Cheer Academy, or its authorized agent may automatically debit my bank account for the amount due on the 1st of each month or next business day. I further agree that if my transaction is returned for insufficient funds that a \$25.00 processing fee will be added to my monthly debit amount.

This authority is to remain in full force and effect until West Tennessee Gymnastics and Cheer Academy has received **written notification** from me of its termination in such time and manner as to afford West Tennessee Gym and Cheer Academy and my Financial Institution a reasonable opportunity to act upon it (two weeks prior to the first of the upcoming month).

(Print Account Holder's Name)

(Date)

(Account Holder's Signature)

Identification Number
(GCA will assign this number)

ATTACH VOIDED CHECK HERE