

**Auto-Payment Form**

This form is to authorize Twisters Gymnastics to deduct your credit card or debit card monthly for your monthly fees and expenses.

**PAYMENT AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize Twisters Gymnastics to automatically debit my credit card each month for my monthly tuition until further notice.

30-days written notice is required to stop or change auto payment.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**PAYMENT DETAILS**

Card Holders Name: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Credit Card Type:  Visa  Mastercard  Other: \_\_\_\_\_  
Card Number: \_\_\_\_\_ Expires: \_\_\_\_ / \_\_\_\_  
Security Reference Numbers: \_\_\_\_\_

Office Use Only

Processed by: \_\_\_\_\_  
Date: \_\_\_\_\_