

Student Name: _____

Morgan's GYMNASTICS



Auto Draft Payment Contract/Authorization

I have read and understand **Morgan's Gymnastics, LLC** payment policies.

I understand that I must give thirty (30) days prior written notice to cancel my child's class attendance, such notice to be given *thirty (30) days prior to the first scheduled lesson of the next tuition month as set forth on the payment calendar in the handbook.*

I understand that it is **Morgan's Gymnastics, LLC** policy to hold a credit card number on file for the purpose of charging applicable monthly tuition on the condition that such thirty (30) days prior written notice is not provided to Morgan's by parent/responsible party in accordance with the above terms, **OR ON THE CONDITION THAT NO NOTICE OR PAYMENT HAS BEEN RECEIVED BY THE LAST DAY OF THE TUITION MONTH.**

I understand that I have the option to authorize **AUTO DRAFT** by checking the appropriate box and signing below.

I choose to use the AUTO DRAFT payment plan, and understand that Morgan's Gymnastics, LLC will automatically charge monthly tuition by the **first (1st) day of each and every tuition month** until either: (i) the conclusion of the class year, or (ii) until the effective date of any thirty (30) days prior written notice by parent (as described above), whichever first occurs.

I choose to pay for the entire class year in the amount of _____.

I DO NOT wish to participate in the monthly courtesy AUTO DRAFT payment plan, nor do I wish to pay for the entire class year in one payment.

Signature of Parent/Guardian/Responsible Party

Date

(printed name)