

Credit Card Authorization Form For One-Time Charge/Recurring Charges

Please PRINT all sections and sign where indicated.

Child Name(s): _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Credit Card Type (Check One): Mastercard Visa Discover American Express

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

Credit Card Holder's Name (print) _____

Billing Address _____

City _____ State _____ Zip _____

Please charge the above Credit Card as follows (Check One):

One-Time Charge

I authorize Wings Gymnastics, LLC to initiate a one-time charge to the credit card indicated above in the amount of \$_____.

- (Check One) Save my credit card information for future purchases authorized by the above cardholder. I understand that my card information is stored securely in compliance with all PCI certification requirements.
- Do not save my Credit Card information for future purchases.

Cardholder Signature _____ Date _____

Recurring Charges/Pre-Arranged Payment Agreement

I authorize Wings Gymnastics, LLC to initiate a recurring charge to the credit card indicated above for the total amount due each month of \$_____.

I also authorize charges for any additional services I may incur including annual registration fees. I will be provided notice of any additional charges before the transaction is placed. The amount due will be charged between the 25th-30th of each month.

I understand that I may change or cancel my recurring charge upon written notice to Wings Gymnastics, LLC allowing fifteen days (15) time for action on my cancellation notice.

Cardholder Signature _____ Date _____