



Red River Valley Gymnastics

1602-32nd Ave South
Grand Forks ND 58201
(701)746-2797

Automatic Credit Card Payment Agreement

Parent's Name:

Gymnast's Name

Birthdate:

Gymnast's Name

Birthdate:

Gymnast's Name

Birthdate:

Payment Information

Card Number: Visa MasterCard Discover

Expiration date:

Cardholder's Name: (please print)

Cardholder's Billing Address (please print)

Rules and Policies for Auto-Payment

Monthly Payments:

1. This payment agreement is for tuition, competitive fee, performance fees, annual registration fees, summer camps, private lessons, and the pro shop.
2. Birthday parties are excluded and cannot be placed on your account for auto-pay.
3. Your child's tuition/competition fees will be charged to the credit card account indicated above between the 1st and 10th of each month.
4. Annual registration fees will be charged to the credit card account indicated above on the 1st of September each year.
5. If the fees indicated in item (1) change, due to promotion, rate increases, etc., the adjusted fees due will be charged to the credit card account indicated above.
6. If, at any time, you no longer want to participate in the credit card automatic payment program you need to notify Red River Valley Gymnastics, by completing the Automatic Credit Card Payment Agreement Cancellation form by the end of the session or by the 25th of the month for monthly payments.
7. I understand that the credit card account indicated above will continue to be charged until I submit written notification that I no longer wish to participate in the credit card automatic payment plan.

By signing this agreement, you agree to the above rules and policies regarding the credit card automatic payment program at Red River Valley Gymnastics.

Signature

Date



Red River Valley Gymnastics

1602-32nd Ave South
Grand Forks ND 58201
(701)746-2797

Automatic Credit Card Payment Agreement Cancellation

Parent's Name:

Gymnast's Name

Birthdate:

Gymnast's Name

Birthdate:

Gymnast's Name

Birthdate:

Payment Information

Card Number: Visa MasterCard Discover

Expiration date:

Security code:

Cardholder's Name: (please print)

Cardholder's Billing Address (please print)

Cancellation

I no longer intend to participate in the Red River Valley Gymnastics Credit Card Automatic Payment Program. I understand that I will be responsible for all charges made under the credit card automatic payment program up to and including the date I have terminated the agreement. Please terminate my automatic credit card payment agreement as of _____.

Date

Signature

Date