



**Emerald City
Gymnastics**
...giving kids a jump on life!

AUTO PAY

Consent Form

Students Name: _____

Parents Name: _____ Hm Ph: _____

I hereby authorize Emerald City Gymnastics Academy, Inc. of Redmond, Washington to charge the following credit card the amounts that I may incur for tuition, registration or pro shop items. I understand that Emerald City Gymnastics Academy, Inc. will keep this information private and confidential. This agreement is valid until cancelled by me, the card owner. Auto Pay needs to be cancelled in writing, 2 weeks prior to the next billing cycle.

Payments will be drawn on the 1st day of the Session.

ALL FIELDS ARE REQUIRED!

VISA _____ MasterCard _____ Card # _____ Exp _____

Name (as it appears on the card) _____

V-Code (3 digit code on back of card) _____

Billing Address _____

City _____ State _____ Zip _____

Email _____

Signature _____ Date _____