



DENALI GYMNASTICS & FITNESS INC.

300 E Kalli Circle
Wasilla, AK 99654

Phone: (907) 373-3547

Fax: (907) 376-3547

AUTOMATIC PAYMENT AUTHORIZATION

Updated July 2017

For Business Office	
Date	Entered by:

I wish to take advantage of the autopay program at Denali Gymnastics & Fitness, Inc. Using the payment method indicated below, I will be charged on the 1st business day of each month for those goods and services provided to me upon registration; including **tuition fees, childcare fees, registration and enrollment charges, and gymnastics team fees.**

I am aware that 1-time fees such as, but not limited to, Special Activities and Competition Fees are not predictable at the time of entering into this election, and that I will need to provide either written or oral authorization to Denali Gymnastics & Fitness business office if I wish for the charge to be made using the payment method indicated below.

I understand that if the credit card payment is declined, my account will be charged a \$25.00 late fee if another method of payment is not received prior to the 5th day of the current month.

Participation in the automatic payment program will remain in effect until the signed responsible parties provide alternate written and signed instructions to the Denali Gymnastics & Fitness office.

Student(s) Name(s):	Permission to run extra fees other than those stated above (ie. clothing, competition fees, merchandise, etc.) Please circle. YES NO
Printed Name (Last, First, Middle Initial):	Email Address:
Account (Card) Billing Address (City, State, Zip):	SIGNATURE OF CARD HOLDER:
Last four of card number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Exp date:	ADDITIONAL INSTRUCTIONS:

PLEASE ENTER CREDIT CARD INFORMATION BELOW. FOR SECURITY AND PRIVACY PURPOSES NO PAPER COPY WILL BE RETAINED.

CREDIT CARD NUMBER:	EXP DATE
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