



# AUTOMATIC PAYMENT AUTHORIZATION

Updated June 2020

FOR BUSINESS OFFICE	
Date	Entered by

I hereby authorize Denali Gymnastics & Fitness, Inc. (DG&F), to debit my credit / debit card for all fees for products and services that I am purchasing from DG&F. For recurring payments, I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify DG&F in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date.

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 5<sup>th</sup> day of the current month.

I acknowledge that payments are due on the 1<sup>st</sup> of the month for the following month. If the 1<sup>st</sup> occurs on a weekend or holiday, I understand that automatic payment(s) may be executed on the next business day.

I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form and/or DG&F General Rules & Policies.

I understand and agree that should I dispute the credit charge through my credit card issuer or credit provider, it may constitute a breach of contract as well as credit card fraud.

I hereby expressly consent to exclusive jurisdiction in Matanuska-Susitna Borough, Alaska, in the event any dispute related to this transaction takes place. I also acknowledge that DG&F shall be entitled to all costs of collection, including attorneys' fees, in the event payment via credit card is not completed in full for the products purchased.

Student(s) Name(s):	
Printed Name of Cardholder	Email Address:
Account (Card) Billing Address (City, State, Zip):	SIGNATURE OF CARD HOLDER:
Last four digits of card number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Exp date: ____/____	TODAY'S DATE

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

<b>CREDIT CARD NUMBER:</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>EXP DATE</b> ____/____	<b>CVC</b> <input type="text"/> <input type="text"/> <input type="text"/>
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