Easy Payment Form and Tuition Payment Record

(FOR PAYMENT OTHER THAN BY CREDIT CARD, LEAVE FORM BLANK)

I authorize Freestate Gymnastics, Inc. to initiate credit card debits on voucher below. Fee for declined charges is $25.00 per transaction.

This authority is to remain in full force until Freestate Gymnastics, Inc. has received written notice of cancellation with sufficient time for Freestate Gymnastics to act. Freestate Gymnastics, Inc. will not be liable for any special or consequential damages, whether direct or indirect for any wrongful debit to my account. FreeState Gymnastics, Inc. reserves the right to terminate this agreement at any time.

CANCELLATION PROCEDURES:
I will notify FreeState's office staff in writing of termination _____ (Please Initial)

COMPLETE FOR CREDIT CARD V, MC, DIS, AX	Expiration ____/____ *(Security code* CID)____/____/____/____

Credit Card Number (Please print CLEARLY)
Authorized Signature: Date

For authentication at the time your card is processed we will need:

Card Holder Name:			
Billing Street Number:		Zip:	
Day Phone:		OFFICE USE ONLY BELOW	

TUITION PAYMENT RECORD

C	DATE	NO	DESCRIPTION	COST	PAID	BALANCE