

Recurring Debit Card Payment Authorization

You authorize regularly scheduled charges to your debit card displaying a Visa or MasterCard logo (only). Your card information will be secured electronically in SCATS Gymnastics' third party cloud database "iClassPro" and will be charged up to the amount indicated below for each billing period, as explained below. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided except for fee increases, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____, authorize SCATS GYMNASTICS to routinely charge my Debit Card
(Cardholder's Name)
indicated below for tuition fees up to \$ _____ on the _____ of each month.
(Completed by office) (day)

The amount charged will vary according to the number of classes taking place in a given month, as outlined on our class/fee schedule, and is not prorated for missed classes. Annual registration charges of \$40 per student will also be charged to this account in addition to any outstanding balances for camp, private lessons, special events, birthday parties, pro-shop items, and other activities reserved but not canceled at least 24 hours in advance, or which have been attended and not otherwise purchased in advance. Tuition rates may be subject to small annual increases. These increases will be noted on the monthly statement delivered just ahead of the scheduled increase. I understand that updated tuition rates supplant the amount indicated above, and I agree to allow SCATS Gymnastics to charge my card according to the current fee schedule in place for my given program at the time of the charge.

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Debit Card Details (Standard credit cards will not be accepted. Do not provide debit PIN, only 3-digit code.)

Visa Logo MasterCard Logo

Cardholder Name _____

16-digit Account Number _____

Expiration Date _____ / _____ CVV _____ Zip Code _____

I have read this form thoroughly and understand the policies as outlined above. I understand that this authorization will remain in effect until I cancel it in writing. I agree to notify SCATS Gymnastics **in writing** of any changes in my account information or termination of this authorization **at least 15 days prior** to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the following business day and in some cases the prior business day. I acknowledge that the origination of Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form. I understand that I am responsible for any and all fees imposed upon the merchant that arise from such disputed transactions, in addition to late fees charged by the merchant for payments not collected by the 15th of each month. In the event of a data breach incurred by merchant service provider iClassPro, I (we) hereby for myself, heirs, executors and the administrators, do waive and release any and all rights and claims for damages against SCATS Gymnastics.

Cardholder Signature _____ Date _____