

**Legends Gymnastics
Direct Payment Agreement**

Parent Name _____ Date _____

Student(s) Name _____ Class/Level _____

Credit Card Number

Expiration Date

Security Code

Zip Code

ACKNOWLEDGMENT

Tuition:

Payments are due on the 25th of each month beginning on June 25, 2017. I understand and acknowledge that my account will continue to be drafted on a monthly basis until I properly cancel under the terms of this agreement.

Assessment:

- I would to pay assessments in full on June 25, 2017 (no installment fee).
- I would like to make 3 payments for assessments on 25th of June, August & October 2017(includes installment fee).

Please check the appropriate box, read & sign the authorization agreement below. A valid credit card number is required with either choice.

Yes, I want to have my payments to Legends charged automatically each month.

I want to make alternate payment method to Legends.

(If tuition payment is not received by the 1st of the month, the credit card listed above will be charged the full amount for that month)

EFT AUTHORIZATION

I, as the buyer under this Agreement, hereby authorize Legends Gymnastics LLC, or its successors and assigns, to make the periodic charges and withdrawals as described in this section. Monthly tuition payments will be withdrawn on or before the 25th of each month. Included with my Draft Authorization, I grant Legends Gymnastics the right to charge my account for any additional fees, penalties, late charges, costs, expenses, or any other monies due to Legends Gymnastics under the terms and conditions of this Agreement. I further understand that while I am entitled to receive notice of all varying charges and withdrawals under my Draft Authorization. I hereby waive the right to receive any prior notice for charges and withdrawals made with respect to any uncollected payments or portion of the balance. There are no refunds for tuition nor dispersed assessment fees.

Signature

Date