



AUTOMATIC PAYMENT AUTHORIZATION INFORMATION

Name of Students: _____

Name of Parent or Guardian: _____

This is to authorize Monterey Peninsula Gymnastics Center the use of my credit card for the payment of tuition and the yearly registration.

The information given on this form is completely confidential and will by no means be given out for any reason what so ever by any persons past or currently employed by Monterey Peninsula Gymnastic Center.

VISA () MASTERCARD () DISCOVER () AMERICAN EXPRESS ()

CARD # _____

EXPIRATION DATE ____/____/____ Billing Zip code _____

Name of Cardholders: _____

Signature of Cardholders: _____ Date _____

Monthly fee will be charged one week before the first of each month; the registration fee will be charged on the anniversary of your original start month at Monterey Peninsula Gymnastics Center.