



Attach voided check here for authorization
(use tape for faxing)

Do not use deposit slip

Acrobatic Academy Fitness & Education Center Inc.

Automatic Payment Authorization from Checking Accounts

Please Note, each monthly tuition draft payment will be processed anytime between the 1st banking day of each month and no later than the 10th of each month. Customer may stop a draft, upon request, provided we are given a 30 day advanced written notice.

A yearly membership fee, in the amount of \$30.00, will be automatically processed by August 31st, **unless a drop notice is given by August 1st**. This is a yearly fee due prior to September 1st of every year.

Any EFT check drafts that are returned to AAI will be charged a \$30.00 fee. The full tuition amount could be drafted for a 2nd time within 1 week of any returned draft if we have not received payment.

Please print the following information: Child's Full Name(s): _____
Person authorizing automatic draft payments:

Name: _____ Address _____
City: _____ State: _____ Zip _____ Phone (H) (____) _____ - _____
Phone (C) (____) _____ - _____ Email Address : _____
(Please Print clearly)

Estimated monthly draft amount:\$ _____
(Monthly Draft Amount may change if amount of services changes.)

Please mark class duration:

40/45 Minute Class 1 Hr. Class 1 1/2 Hr. Class 2 Hr. Class Pvt/Semi/Sm Group

I hereby authorize monthly tuition payments, as shown above, to be drafted from the account designated below. Monthly tuition payments may change if/when student services change. In the event that I change my checking service to a different bank, different account, or close my account, I will notify AAI in writing at least 30 days prior to the date of my next scheduled automatic payment. I understand that a bank draft carries all the responsibilities of a check and I agree to maintain funds available in the designated account to cover these drafts as they occur. I will give a 30-day written notice to AAI before stopping the automatic draft payment, if for any reason I withdraw my child from AAI.

Please note: All bank drafts or checks returned to our bank as NSF, account closed, or for any other reason, will be charged a \$30.00 returned check fee. _____ (Customer initial please)

If not collected by the 10th of the month, an additional \$5.00 late fee will apply. The total amount due on any returned item may be resubmitted and/or broken into multiple drafts to expedite collection. **I hereby authorize drafts from my checking account only as specified above.**

Signature: _____ **Date:** ____/____/20____

Please return or fax this completed form to:

Acrobatic Academy Fitness & Education Center Inc.
2111 N. Maize Rd. • Wichita, KS 67212

Office: 316-721-2230 • Fax: 316-729-5541



Acrobatic Academy
 Fitness & Education Center Inc.
**Monthly Automatic Payment Authorization for
 Credit/Debit Cards**

Please print the following information:

Child's full name(s) _____

Person authorizing automatic credit/debit card draft payments:

Name _____ Address _____

City _____ State _____ Zip _____ Phone (H) _____

Phone (C) _____ EmailAddress _____

(Please print clearly)

Regular Monthly Draft Amount \$ _____

Please Mark class duration

40/45 Min 1 Hour 1 ½ Hr. Class 2 Hr. Class Pvt/Semi/Sm. Group

Monthly tuition payments may change if/when student services change. A thirty (30) day notice required for any changes or drops. Monthly charges will be made between the 1st through the 10th of each month.

Any payment authorization declined will be charged a \$10.00 decline fee & will be added to the total amount due. _____ (Customer Initial please)

This amount may be collected or charged to the card on file. If not collected by the 10th of the month , an additional \$5.00 late fee will apply.

A yearly membership fee, in the discounted amount of \$30.00, will be automatically processed by August 31st. This is a yearly fee due prior to September 1st of every year.

I hereby authorize tuition payments, as shown above, to be charged to the account designated below. In the event that I change my credit card service to a different bank, a different account, issued a new card/account number/ different expiration date or close my account, I will notify AAI in writing at least 30 days prior to the date of my next scheduled automatic payment. Per the AAI Registration Form/Rules and Policies, I will give a 30 day written notice to AAI before the automatic card payment, if for any reason I withdraw my child from his/her program.

I hereby authorize drafts from my credit/debit account only as specified above

Name as it appears on card _____ Today's Date ____/____/20____

Authorizing signature _____ MC _____ Visa _____ Discover _____

Name on CC & billing address if different _____

Street _____

City _____ State _____ Zip _____

Credit Card Number _____ Exp Date ____/____/____ Credit _____ Debit _____

Please Return Completed form to:
 Acrobatic Academy Inc. 2111 N. Maize Rd. Wichita, Ks. 67212
 316-721-2230 316-729-5541 (fax)