

Please make a copy of this form for your records or you may request a copy from Hurricane Gymnastics

Authorization for Direct Payment –Tuition Payments

Yes! I would like to take advantage of Hurricane Gymnastics convenient Direct Payment Program. I authorize Hurricane Gymnastics to debit my bank account or credit card each month for the payment amount. I understand my payments will be transferred directly from my checking or credit card account and a record of each payment will appear on my monthly bank or credit card statement. I may make changes to or suspend my direct payment at any time by contacting Hurricane Gymnastics at (757) 549-8181. All payments paid to Hurricane Gymnastics comply with U.S. law.

Name(s) _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Email _____



I plan to make this payment in the form of _____ Checking Account OR _____ Credit Card. All payments will be processed on the 5th of the month.



Credit Card Number _____

Expiration Date _____ / _____

\$ _____ 45 min - \$56.00/month - specify Student(s) _____

\$ _____ 1 hour - \$61.00/month - specify Student(s) _____

\$ _____ Prep Op (2hrs) - \$98.00/month - specify Student(s) _____

\$ _____ Pre Team - \$108.00/month - specify Student(s) _____

\$ _____ Developmental - \$133.00/month - specify Student(s) _____

\$ _____ Two 45 minute classes - \$103.60 - specify Student(s) _____

\$ _____ Two 1 hr. classes - \$112.85 - specify Student(s) _____

\$ _____ One 45 min. class + 1 hr class - \$108.60 - specify Student(s) _____

\$ _____ Team (4 hours) - \$133/month - specify Student(s) _____

\$ _____ Team (5 hours) - \$150/month - specify Student(s) _____

\$ _____ Team (6 hours) - \$168/month- specify Student(s) _____

\$ _____ Other – please specify _____

\$ _____ Discount *(for office use only)*

\$ _____ Team (7 hours) - \$185/month - specify Student(s) _____

\$ _____ Team (8 hours) - \$203/month - specify Student(s) _____

\$ _____ Team (9.5 hours) - \$207/month - specify Student(s) _____

\$ _____ Team (10 hours) - \$209/month - specify Student(s) _____

\$ _____ Team (11 hours) - \$218/month - specify Student(s) _____

\$ _____ Team (12 hours) - \$237/month - specify Student(s) _____

\$ _____ Team (16 hours) - \$274/month - specify Student(s) _____

\$ _____ Team (Optional) - \$310/month - specify Student(s) _____

\$ _____ Reg. Fee: 1st child - \$30 - specify Student(s) _____

\$ _____ Reg. Fee: 2nd child - \$25 - specify Student(s) _____

\$ _____ Reg. Fee: 3rd child - \$15 - specify Student(s) _____

\$ _____ Please add convenience fee (3% Credit Card or 0.5% ACH) *(for office use only)*

\$ _____ Total Monthly Payment Amount (Required)

Enclosed is a voided check OR credit card information provided above for my payment. I authorize Hurricane Gymnastics to debit my bank account or credit card each month for the payment amount specified above. I understand my future payments will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my payment at any time by contacting Hurricane Gymnastics at (757) 549-8181. I understand if a payment is returned due to insufficient funds, I will be charged a one-Time \$20.00 NSF Fee plus the cost of additional expenses made to collect the payment. I also understand that this authorization will remain in full force and effect unless or until I notify Hurricane Gymnastics with a 2-week written notice of my intention to terminate the agreement. I understand that tuition is due the 1st class of each month. After the 15th of the month, there is a \$15 late fee. It is understood that Hurricane Gymnastics must have a reasonable opportunity to act upon such termination and that, in the event of such termination, any balance in full becomes due. All payments provided to Hurricane Gymnastics comply with U.S. Law.

Signature _____ (Required) Date _____

All prices subject to change with a minimum 30 days' notice