

Atlanta School of Gymnastics

2021-2022 Credit Card Authorization Form

Name on Card: _____

Student Name: _____

Student Name: _____

Student Name: _____

Type of Card: Visa _____ Master Card _____ Discover _____

Account Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

By signing this form, you authorize Atlanta School of Gymnastics to charge for services rendered. ONE MONTH'S TUITION FEE will be applied to ALL customer accounts failing to provide proper notice.

Authorized Signature: _____ Date: _____