

Fit Club Gymnastics
Credit Card Reoccurring Authorization Form
AFTERSCHOOL Pick Up 2024-2025
August 12th – May 30th

Name on the Card: _____

Child's Name _____

Type of Card: Visa MC ECheck Discover
Other

DO NOT PUT CARD NUMBER ON FORM

Billing Address _____

City, State, Zip _____

Phone Number _____

Afterschool _____

Team - weekly _____

Additional Classes _____

Amount to be Charged _____

**By signing this form, you authorize Fit Club Gymnastics
to charge your card for the amount listed above, including a \$5.00 Late
Fee, if not paid by every reoccurring Tuesday at Midnight, during the
school year. To discontinue reoccurring, notice must be emailed to
Jennifer@FitClubGymnastics.**

Signed: _____

Date: _____

