



Gymnastic Academy of Boston  
149 Washington Street  
Plainville, MA 02762

## Credit Card on File Authorization Form

### Keeping a credit card on file has its benefits:

You SAVE money by avoiding late fees.

It's convenient (saving you time and postage.)

Your payment is always on time (even if you're out of town.)

You can get your credit company's reward points for paying your bill.

### Here's How it Works:

You authorize G.A.B. to charge your Credit Card for tuition if the payment is not made by the due date. There will be a **five day grace period** to make the payment, if payment is made within those five days, your credit card **will not** be charged.

**Please make sure you have a current e-mail address on file with G.A.B. so you will get reminder e-mails about our due dates.**

I \_\_\_\_\_ authorize the Gymnastic Academy of Boston Inc. to  
(Please print clearly.)  
charge my credit card indicated below for the amount of tuition on an as needed basis.

These charges are for the instruction of gymnastics at the Gymnastic Academy of Boston, Plainville location.

\_\_\_\_\_  
Billing Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State & Zip Code

\_\_\_\_\_  
E-Mail Address

### Credit Card Information

Visa

Mastercard

Other \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Account Number : \_\_\_\_\_

Exp. Date: \_\_\_\_\_

CV2#: \_\_\_\_\_

Authorized Contract Expiration Date: \_\_\_\_\_

I authorize Gymnastics Academy of Boston to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_