

**CHECKING ACCOUNT DRAFT AUTHORIZATION
SEPTEMBER 2, 2008 TO AUGUST 31, 2009**

CHILD'S NAME: _____

EMAIL ADDRESS: _____

MONTHLY AMOUNT TO BE DRAFTED: _____

NAME ON CHECKING ACCOUNT: _____

PLEASE PRINT NAME

I hereby authorize Rose's Gymnastics Training Center, Inc. to draft my checking account for the amount indicated above. I understand this will be done before the 10th of each month until terminated by written notification.

SIGNATURE

I also authorize the drafting of my account for extra fees at the gym like: team entry fees, pro shop purchases, Fun Gyms, and Birthday party costs.

SIGNATURE

*****PLEASE ATTACH VOIDED CHECK*****

For Office Use Only:

Sept. _____

Mar. _____

Oct. _____

Apr. _____

Nov. _____

May _____

Dec. _____

Jun. _____

Jan. _____

Jul. _____

Feb. _____

Aug. _____

**ROSE'S GYMNASTICS TRAINING CENTER
1802 OLD FIRE TOWER ROAD
GREENVILLE, NC 27858
(252) 321-7264**

**CREDIT CARD DRAFT AUTHORIZATION
SEPTEMBER 2, 2008 TO AUGUST 31, 2009**

CHILD'S NAME: _____

EMAIL ADDRESS: _____

MONTHLY AMOUNT TO BE DRAFTED: _____

NAME ON CREDIT CARD ACCOUNT: _____

CREDIT CARD MAILING ADDRESS: _____

VISA MASTER CARD

CARD#: _____ **EXP.DATE:** _____

I hereby authorize Rose's Gymnastics Training Center, Inc. to draft my credit card account for the amount indicated above. I understand this will be done before the 10th of each month until terminated by written notification.

SIGNATURE

I also authorize the use of my credit card to pay for extra fees at the gym such as: team entry fees, pro shop purchases, Fun Gyms, and Birthday party costs.

SIGNATURE

For Office Use Only:

Sept. _____

Mar. _____

Oct. _____

Apr. _____

Nov. _____

May _____

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