ULTIMATE GYMNASTICS
Credit Card Authorization Form

Students(s) Name: _____

Name (as appears on card): _____

Address (house#) Zip Code: _____

Credit Card Type: Visa Mastercard
(circle one)

Credit Card Number: _____

Expiration Date: _____ P.O ./ ID Number _____

I authorize Ultimate Gymnastics to charge my child (ren)'s tuition to the above listed credit card on the first day of each month (or up to 5 days in advance of that date).
I understand that this will continue until I give the office written notification to discontinue this program.

Signature: _____ Date: _____

Office Use Only
Amount Charged: _____
Date to begin: _____