

**West Valley Gymnastics School
Automatic Charge Update Form**

Type of Card (Please Circle One) **Visa** **Master Card** **Discover**

Account # (Number on the card) _____

Expiration Date (MM/YY) _____

Customer Name _____

Home Phone Number () _____

Billing Address: Street _____

City _____ Zip _____

Children's Names _____

- I understand that charges to my account will be posted during the last week of the month for the next month.
- I authorize WVGS to make adjustments in my automatic payment if my child's class status/rate changes.
- I understand that I will be charged every month until I notify WVGS **IN WRITING**, that I wish to cancel my membership-**AND**- notice must be given **IN WRITING** by the last week of the month to avoid charges for the next month.
- I understand that I am responsible for payment of each class until formal written notice of withdrawal is given. If notice is not given, I will be responsible for all tuition charges.
- I understand that WVGS requires every account to be on autopay, and the account will be charged if payment is not received by the posted date.

Authorized Signature

Date
