Flips Gymnastics Autopay Authorization

55 Years
1971-2026

I, _____ authorize my bank to make payments by the method indicated and post it to my account: ___ MC ___Visa ___AmEX ___ Discover

Account # _____ Exp Date_____

Amount of Payment $_____, 1st Due Date _____

Your agreement begins on ____/____/_____

****I understand that this form of payment will require notification of cancellation by the 15th day of the previous month to stop payment _____ (Initial Here)****

Student's Name _____

Address(associated w/card) _____

City/State/Zip _____

Phone Number ( )_____ Email_____

Account Holder's Signature X_____Date _____

Member agrees to follow gym rules as set forth in Flips Gymnastics and Sport LLC Rules and Policies.If payment is not able to be processed due to issue with members bank/credit card, late fees will be added as per Rules and Policies.

Any holder of this consumer credit contract is subject to all claims and defenses which the buyer/member could assert against the gym as a result of this contract. Recovery by the buyer/member shall not exceed the total amount paid by the buyer/member to the gym pursuant to this contract. You, the buyer, may cancel this agreement with a submission in writing to Flips' office by the **15th day** of the previous month in order to stop payment on the 1st of the month. Autopay may be extended through summer classes.

Default and Late Payment: Should you default on any payment obligation as called for in this agreement, the entire remaining balance shall be deemed due and payable on demand, and **you agree to pay allowable interest and all costs of collection,** including but not limited to, collection agency fees, court costs, and attorney's fees.

Members Signature X_____