

AUTO WITHDRAWAL AUTHORIZATION FORM

I hereby authorize ChalkBox Gymnastics, (here in after called COMPANY), to initiate withdrawals from my account at the financial institution named below, and if deemed necessary, in their sole discretion initiate adjustments for any transactions credit/debited in error.

This authorization is to remain in full force and effective until COMPANY has received written notification from me of its termination in time and in such manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Name of Financial Institution (Bank, credit union, etc.)

Address of Financial Institution (City, State, Zip)

Account Holder's Name

Checking Savings

Account Number

(check one)

Routing Number

ChalkBox Gymnastic has my permission to withdraw the monthly amount for services rendered to my child(ren). This includes, but is not limited to: tuition, additional practices, CARA fees, etc.)

These fees will be withdrawn on the 5th of each month unless this day falls on a holiday or a weekend; then it will be withdrawn on the first business day thereafter.

Please submit this form with a voided check at registration. Your child's registration will not be accepted unless it is accompanied with this form.

X

Account Holder's Signature