

AUTODRAFT FORM

Name on card: _____

Students' name(s): _____

Contact phone numbers: _____ & _____

Card number: _____

Type of Card: _____ Expiration Date: _____

House #: _____ Zip Code: _____ Security Code: _____

I, _____, give permission for Precision Gymnastics
& Tumbling to draft funds every month from my account in the amount of _____.

I understand that the funds will be debited on the 1st of each month. I further understand
that I am required to give ten days written notice to change or discontinue this auto draft.

****I understand that the yearly registration fee will be debited from my account on**

_____ of each year.
(Month)

Initials

Signature of Card Holder

Date

Precision Employee

Date