



### Recurring Payment Authorization Form

Schedule your payments to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

#### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

#### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period until the designated expiration date. A receipt will be emailed for each payment and the charge will appear on your bank or credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. You must give a 30 day written notice (email [Lee@rocksolidkarate.com](mailto:Lee@rocksolidkarate.com)) to stop payment and/or discontinue the Rock Solid Karate after school service. Initials\_\_\_\_\_

#### Please complete the information below:

I \_\_\_\_\_ authorize Rock Solid Karate, Inc. to charge my account indicated below (Print full name)

for \$\_\_\_\_\_ on the 1st of each Month for payment of my Martial Arts After school care.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

#### Checking/ Savings Account

#### Credit Card

Checking	Savings
Name on Acct _____	_____
Bank Name _____	_____
Account Number _____	_____
Bank Routing # _____	_____
Bank City/State _____	_____



<table> <tr> <td>Visa</td> <td>MasterCard</td> </tr> <tr> <td>Amex</td> <td>Discover</td> </tr> </table>	Visa	MasterCard	Amex	Discover	
Visa	MasterCard				
Amex	Discover				
Cardholder Name _____	_____				
Account Number _____	_____				
Exp. Date _____	_____				
CVV (3 digit number on back of card) _____	_____				

Authorization Expiration Date: 5-30-21

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify Rock Solid Karate, Inc. in writing of any changes in my account information at least 15 days prior to the next billing date. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Rock Solid Karate, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and agree not to dispute these scheduled payments with my bank or credit card Company; provided the transactions correspond to the terms indicated in this authorization form.