

APEX GYMNASTICS
CHECKING ACCOUNT AUTO DRAFT FORM

STUDENT'S NAME _____
PARENT'S NAME _____
ADDRESS _____ CITY _____ ZIP _____
HOME # _____ CELL # _____

 AUTOMATICALLY debit my Checking Account every month

PLEASE ATTACH A VOIDED CHECK FOR OUR RECORDS.
CHECKING ACCOUNT DEPOSIT SLIPS ARE NOT ACCEPTABLE.

I hereby authorize Apex Gymnastics to initiate debit entries from my checking for any and all applicable fees charged to me by Apex Gymnastics. **IF YOU CHANGE BANK ACCOUNTS, PLEASE NOTIFY THE OFFICE STAFF OF THE CHANGE BY PROVIDING A NEW VOIDED CHECK.**

BANK NAME _____
Routing # _____ Acct# _____

This is to remain in full force and effect until Apex Gymnastics has received written notification from me of its termination at least **30 days prior** to my draft date.

Your account will be drafted on the 1st of each month. If the draft date falls on a Saturday or Sunday, your account will be drafted on the Friday prior to the draft date. Should your draft not go through on the first attempt, payment will be presented a second time within 24 to 48 hours. Please be advised that Apex Gymnastics will not be responsible for any bank fees that occur during these presentations. Should any draft be returned unpaid, I understand there will be a \$35.00 service charge added to my account. If payment is not received before the 8th of the month in which payment is due, I understand there will be an additional \$20 late fee added to my account.

By signing below, I acknowledge that I have read and understand all policies and procedures with regard to this draft.

MEMBER SIGNATURE _____ DATE _____