



131 John F Campbell Drive
Newark, Delaware 19711

Bank Draft Authorization Form – Classes

I/we hereby authorize First State Gymnastics, Inc. hereinafter called FSG to initiate debit entries to my (our) **Checking Account** / **Savings Account** (select one) indicated below, at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account as indicated in the schedule below. I/we acknowledge that the origination of ACH transactions (automatic debits) to my/our account must comply with the provisions of U.S. law.

Depository Name _____ Branch _____

City _____ State _____ Zip _____

(ABA) Bank Routing Number _____ Account Number _____

At the time of execution of this document, I/we authorize FSG to charge my/our account as indicated below:
Date: _____ Amount: _____ Date: _____ Amount _____

I/we expressly acknowledge that this form may be amended, without additional, prior written authorization, to provide for a different date and amount of each debit, upon the occurrence of any of the following events: **addition or deletion of gymnast; enrollment in a subsequent session, a change in instructional schedule or level, or quarterly increase in the charge for a subsequent class.**

Should this form be amended, and the debit date and/or amount be altered, the date and amount shall be written in the space below, and a copy of this form, as amended shall be mailed to me/us at:

mailed to: _____

date of monthly debit: _____ Revised amount: _____ Effective Date _____

Named Gymnast(s):

This authorization is to remain in full force and effect until the last scheduled debit entry has been processed, or until FSG has received written notification from me (or either of us), at the business office, 131 John F. Campbell Drive, Newark, Delaware, of my/our change in amount or termination in such time and in such manner as to afford FSG and DEPOSITORY a reasonable opportunity to act on it.

This authorization must include a voided check if debit amount is coming from a checking account.

Name _____

Signature _____ Signature _____
(If the bank account is in the name of more than one person, both must sign)

Phone # _____ Date _____

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT YOU, THE CUSTOMER, MAY REVOKE THIS AUTHORIZATION ONLY BY NOTIFYING FSG IN THE MANNER SPECIFIED IN THIS AUTHORIZATION.