



131 John F Campbell Drive
Newark, Delaware 19711

Bank Debit Authorization Form Variable Amount– Team Gymnastics

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 account on the 1st day of every month. 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 _____

I/we authorize **FSG** to charge (debit) my/our account on the **1st** day of each month, for the tuition of the team gymnast(s) named below. At the time of execution of this form, **FSG** shall debit my/our account on the **first day** of each month, in the amount of _____. 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**
- Change in competitive level and/or instructional schedule, or**
- Annual increase in the amount of the monthly fee**

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 **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 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.