Nutmeg Twisters Gymnastics

301 Soundview Rd.
Guilford, CT. 06437
203-453-3107

Credit Card Authorization Form

(Please check one option)

_____ I, _____ authorize and understand that Nutmeg Twisters Gymnastics, LLC. to charge my credit card/debit card the full amount on my account by the 1st of each month. I understand that there will be a 3.75% convenience fee per transaction if I choose this option.

OR

_____ I _____ authorize & understand that if my account falls more than 15 days behind, my credit/debit card that is on file will be charged for the full amount plus a $10.00 late fee. I understand that there will be no prior notification before the card is charged.

Please complete the information below:

Name on TNT Account _____

Name on Card _____

Billing Address _____   Phone# _____

City, State, Zip_____   Email _____

Visa/MasterCard Credit Card   **AMEX/Discover**

Visa/MasterCard	AMEX/Discover
( ) Visa ( ) Master Card	( ) AMEX ( ) Discover
Cardholder Name_____	Cardholder Name _____
Account Number _____	Account Number _____
Exp. Date _____	Exp. Date _____
3 Digit Code _____	3 Digit Code _____

I understand that this authorization will remain in effect until I cancel my child's membership in writing, officially withdrawing them from their registered program. I agree to notify Nutmeg Twisters Gymnastics in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next. In the case of a transaction being rejected for Non Sufficient Funds (NSF) I understand that Nutmeg Twisters Gymnastics may at its discretion attempt to process the charge again within 30 days, and agree to an additional $10.00 fee for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this credit card/debit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____   DATE _____

PRINTED NAME _____