

# KIAGA

## CREDIT CHARGE AGREEMENT FORM

DATE: \_\_\_\_\_ TEAM MEMBER'S FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

\_\_\_\_\_ **YES**, I AUTHORIZE KIDS IN ACTION GYMNASTICS ACADEMY TO CHARGE MY ACCOUNT ON THE FIRST OF EACH MONTH FOR THE MONTHLY TUITION FOR KIAGA TEAM PROGRAM FEES DURING THE '06-'07 SEASON. If my credit card is stolen, changed or denied, I understand it is my responsibility to contact KIAGA as soon as possible with a new number. If credit card processing attempts have failed after the 10<sup>th</sup> of the month, any applicable late fees will be charged.

\_\_\_\_\_ **NO**, PLEASE DO NOT CHARGE MY ACCOUNT AUTOMATICALLY FOR THE MONTHLY TUITION FOR KIAGA TEAM PROGRAM FEES. I WILL PAY WITH CASH OR CHECK. I UNDERSTAND THAT MY CARD WILL BE CHARGED IF MY ALTERNATE PAYMENT DOES NOT REACH THE GYM PRIOR TO THE 10TH OF EACH MONTH.

THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND IN A SECURE PLACE.

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
CARDHOLDER SIGNATURE

KIAGA Received: \_\_\_\_\_