



OFFICE

AUTOMATIC PAYMENT

FILE NAME: (FAMILY)

START DATE:

END DATE:

**AUTHORIZATION AGREEMENT**

**FOR AUTOMATIC MONTHLY TUITION PAYMENTS (CREDIT CARD)**

I (we) hereby authorize Madtown Twisters, hereafter called the COMPANY, to initiate debit entries to my (our) account indicated below, hereinafter called DEPOSITORY, to debit the same such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY **had received written notification no later than the 15<sup>th</sup> off the month** prior to its termination to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The initial amounts shown below may be altered with customer authorization.

Charges will be shown as "MADTOWN TWISTERS"

CHILDS NAME:	CLASS:	DAY:	TIME:	TUITION:
				<b>TOTAL TUITION:</b>

<b>NAME ON CARD:</b>		
<b>CARD TYPE:</b>		
<b>CARD #:</b>	<b>EXP:</b>	<b>SEC:</b>
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
		<b>SIGNATURE:</b>