Nasser Gymnastics Academy, Inc.

ACH Authorization Form

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_

DRIVER’S LICENSE #: \_\_\_\_\_\_\_\_\_\_\_\_\_ DRIVER’S LICENSE STATE: \_\_\_\_\_\_\_\_

TYPE OF CARD: Visa MasterCard AMEX Discover

NAME ON CARD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT TO BE DEBITED: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PAYMENT PLAN: RECURRING NON-RECURRING

I hereby authorize Nasser Gymnastics Academy, Inc. (“NGA”) to withdraw fees directly from my account on or after the 1st of every month. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement. I understand that, if necessary, an adjusting debit or credit entry may be made to correct an error.

This authorization is to remain in full force until NGA has received and acknowledged notification from me that the draft authorization has been revoked. It is further provided that written notification of termination, by either party, shall be provided in such time and manner as to afford either party reasonable opportunity to act on it.

NGA shall incur no liability if the balance in the bank account of the member is insufficient to cover the draft or for any reason was not collectible. Any charges relating will be charged to my account. I also authorize the financial institution named to credit and/or debit my account for the correcting entries.

I understand that it is my responsibility to notify NGA immediately in writing should I change my account or financial institution. All transactions with your account shall be governed by the Electronic Fund Transfer Rules and Procedures and the Automated Clearing House (ACH) rules.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_

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