

AIKIDO ASSOCIATION ATLANTA, LLC.
AUTHORIZATION TO PERMIT RECURRING MONTHLY BILLING TO A CREDIT OR DEBIT CARD

NAME OF STUDENT: _____

Art or Service: ___ Aikido Adult ___ Aikido Child ___ Aikido Family

 ___ Other _____

Name of Person Responsible for Payment: _____

Please print

Card Type: (1) Credit: ___ MasterCard ___ Visa
 (2) Debit Name of Bank: _____

Billing Address: _____ Home address: _____

Daytime Phone: _____ Cell phone: _____

Email address: _____ Last four #'s on card _____

Please print

I authorize Aikido Association Atlanta to automatically bill the sum of \$ _____ to the below noted Credit/Debit Card on the 1ST day of the month beginning on (month)_____ (day)_____ (year)_____ and continuing on the same day of each following month thereafter until cancelled in the manner provided herein. I may cancel this Authorization only by giving Aikido Association Atlanta at least thirty (30) days written notice prior to the next billing date. Notice should be delivered by email to Aikido Association Atlanta, Bob Hodge at bob@aikidoaa.com

I understand I will be charged a \$35.00 return fee for any charge that is denied or returned unpaid.

Cardholder's Signature: _____ Date: _____

OFFICE USE ONLY

Received by: _____ Date: _____

Entered by: _____ Date: _____

Notes: _____

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PLEASE COMPLETE THIS SECTION. IT WILL BE REMOVED AND DESTROYED ONCE ENTERED

Card Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____