TUMBLE TIME GYMNASTICS AND DANCE, INC.
P.O. BOX 3205
POCASSET, MA. 02559
508-563-1200
AUTOMATIC CREDIT /DEBIT CARD AUTHORIZATION

STUDENTS NAME CLASS
DAY:

STUDENTS NAME CLASS
DAY:

STUDENTS NAME CLASS
DAY:

CREDIT CARD #

3 DIGIT CODE ON BACK ZIP CODE

PLEASE CIRCLE ONE DEBIT CREDIT

PLEASE CIRCLE ONE VISA MASTER CARD DIISCOVER

EXPIRATION DATE (MM/YY)

NAME ON THE CARD

ADDRESS

PHONE

I _____AUTHORIZE TUMBLE TIME GYMNASTICS & DANCE , INC., TO AUTOMATICALLY CHARGE MY DEBIT OR CREDIT CARD EACH PAYMENT DUE DATE.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

I UNDERSTAND THAT I WILL BE CHARGED EACH PAYMENT DUE DATE UNLESS TUMBLE TIME GYMNASTICS AND DANCE, INC. RECEIVES A 30 DAY NOTICE OF WRITTEN WITHDRAWAL