



9179 Red Branch Road Columbia, MD 21045 (410) 992-1600

### Authorization Agreement for Credit Card Debits

**Top Flight Gymnastics Center, Inc. Tax ID Number – 52-1695297  
Company**

I (We) hereby authorize Top Flight Gymnastics, herein after called **Company**, to initiate credit card debit entries and/or correction entries to our credit card account indicated below. I (we) acknowledge that the origination of the credit card transactions to my (our) account must comply with the provisions of the U.S. law.

Student's name \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_  
Name appearing on credit card Visa / Master Card (circle one)

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Credit Card Holder's Mailing Address

\_\_\_\_\_  
# Street / City / State / Zip

\_\_\_\_\_  
Signature Date

Effective Date \_\_\_\_\_, 20\_\_\_\_

Amount of all charges will be debited on the 1<sup>st</sup> of every month. To "withdraw" a written notice must be received no later than the 25<sup>th</sup> of the current month. The Change of Enrollment Form may be sent to:

1. Top Flight Gymnastics Center, 9179 Red Branch Road  
Columbia MD 21045
2. Faxed to 410-992-6832 or
3. Sent from the web site – [www.TopFlightGym-MD.com](http://www.TopFlightGym-MD.com)

Authorization is good for all charges until notified in writing by the 25<sup>th</sup> of the current month.