

Trinity Auto Debit Authorization

Gymnast Name:

Name on Credit Card:

Billing Address:

Customer Phone Number:

Customer Email Address:

Payment Frequency: Once Monthly

Payment Amount:

First Payment*:

**Form must be submitted by 15th of month to be included in the current month's withdrawal.*

Credit Card Number: _____ Exp. Date: _____ CVC: _____

I, _____, agree to pay the total amount to TRINITY GYMNASTICS, INC each month.

The amount set to be withdrawn is \$ _____

These payments will be made by automatic charges made to the credit card number listed above.

Customer Signature:

Date:

TRINITY GYMNASTICS INC.

Authorized Trinity Signature:

Date:
