



HIAWATHA'S MARTIAL ARTS

Recurring Payment Authorization & Billing Form

Customer Information (to be completed by customer):

Student Name _____
Contact Name _____
Email Address _____
Phone (____) _____

Payment Information (to be completed by customer):

I authorize **Hiawatha's Martial Arts** to automatically bill the card listed below as specified.

Service description: Tae Kwon Do Fitness
Recurring amount _____ Monthly Quarterly
Start On ____/____/____

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Once completed we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement, including any other applicable fees (belts, belt presentation, late fees, uniforms, t-shirts, equipment etc...) ****You may cancel this automatic billing authorization at any time by completing a cancellation form.** Funds cannot be transferred to any other classes. Refunds will not be given if cancellation is not received within 48 business hours before the 1st of the month.

I have read and understand the above Agreements and Policies of Hiawatha's Martial Arts.

Print Name	Sign	Date
_____	_____	_____

Credit Card Information (to be completed by customer):

Card Type Master Card VISA Discover CVV# _____
Cardholder Name _____ Cardholder ZIP code _____
(as shown on card) (Credit card billing address)
Card Number _____ Expires ____/____/____
Customer's Signature: _____ Date: _____