# Two Installment Agreement Form

Customer Assignment and Electronic Funds Transfer Authorization for Charter Oak Gymnastics, INC.

841 N. Dodsworth Ave. Covina, CA 91724 ★ 626-966-8775 ★ www.glidersgymnastics.com

Customer Full Name As It Appears On Credit Card Account

Customer Address - Street - Apartment and/or Lot Number

City State Zip Code

Credit Card Number

(credit card must be presented)

Type of Card _____ Expiration Date ___/___/___ Zip Code _____ CVC _____

Home Phone Number Cell Phone Number

Email Address

Gymnast First and Last Name:

_____

During our 8 week sessions, a payment plan is available. You may make a half-payment at the beginning of the session (during the enrollment period) and the second half is due the 4th week of the session. You are still obligated to the full 8 week session.

All half payment plans must include a credit card on file. You may pay the half payment via cash or check before the first day of the 5th week. If you do not make your half payment during the 4th week, we will charge your credit card on file for the second half payment.

I (We) hereby authorize Charter Oak Gymnastics to draft my (our) account indicated above on the Monday of the 5th week of every eight(8) week session. I understand that I am in full control of EFT payments. I may change payment method at anytime with 15 day prior notification to Charter Oak Gymnastics, INC. To amend or rescind this agreement you must provide 48 hour notice to Charter Oak Gymnastics, INC. I understand that this payment is ONLY for the second half of the session. This Agreement does not automatically enroll my child into the next session, or any further sessions at Charter Oak Gymnastics, INC. All further enrollment will need to be done during the approved enrollment period along with form of payment.

Charter Oak Gymnastics, INC. reserves the right to add the following fees to customer account balance should any of the following occur. Reclear EFT draft– five dollars, unpaid EFT/Credit Card five (5) days after scheduled payment– twenty five dollars, unpaid EFT/Credit Card ten (10) days after scheduled payment– additional ten dollars. Payment not received more than ten (10) days after scheduled payment may be subject to additional fees and/or un-enrollment.

Purchaser Name (Print) _____

Purchaser Signature _____ Date _____