Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: ☐ MasterCard ☐ VISA ☐ AMEX ☐ Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiry Date (mm/yy): _____

I, _____ (print name), authorize Odenton Sports Academy to initiate automatic debits from my credit card listed above for the payment of Odenton Sport Academy After School on the due date of each billing cycle.

I understand that this authorization will remain in effect until I notify Odenton Sports Academy in writing that I wish to revoke this authorization. I agree to provide written notification at least 20 days in advance of the desired cancellation date to allow Odenton Sports Academy a reasonable opportunity to act on my request.

I acknowledge that I am responsible for ensuring that sufficient funds are available in my account to cover each automatic debit. If a payment is returned due to insufficient funds, I understand that I may be subject to additional fees and charges as outlined in my service agreement.

Circle attendance: Full Time *(M-F)* / Part Time *(M/W/F)*

Circle payment frequency: Bi Monthly *(every 2 weeks)* / Monthly *(once a month)*

_____

Signature:

_____/_____/_____

Date(MM/DD/YYYY)