

AIKIDO

Decatur

SELF DEFENSE • FITNESS • FOCUS • FUN!

Auto Payment Authorization



AIKIDO DECATUR
104 Sycamore Place
Decatur, GA 30030
(678) 662-9237
www.AikidoDecatur.com

Student(s) Name(s): _____

Authorized Sign-up Payment (3 months): \$ _____ (Initials)

Authorized Recurring Payment (per month): \$ _____ (Initials)

Training Start Date: _____

Credit Card Authorization

Name on Card: _____

Card Type: VISA MC DISC AMEX

Card Number: _____

Expiration Date: ____/____ Security Code: _____

Billing Address: _____

Billing City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

I understand that my credit/debit card will be billed the amount(s) noted above on or after the first of each month. I understand that I may pause or terminate this AutoPay arrangement at any time, and if I do, then I am responsible for charges already incurred.

Signature: _____ Date: _____