

2550 Holiday Rd
Coralville, IA 52241
319-341-2229



545 Olympic Ct
Iowa City, IA 52240
319-341-2229

Recurring Payment Authorization Form

Iowa Gym-Nest requires its customers to provide a method of payment to be kept on file. Please complete and sign this form to complete your child's registration.

Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town)
- Your child's space is held for the entire year

Here's How Recurring Payments Work:

Your monthly tuition will be charged to your checking/savings account on the 10th (or nearest business day thereafter) of each month. If you wish to pay by a different method, you MUST make payment in full by the 5th of the month. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. You must notify IGN in writing (coralvillegym@iowagymnest.com) at least 15 days before the next month's billing if you wish to cancel your child's enrollment and stop your recurring payment. Failure to do so will result in your account being charged for the next month.

Please complete the information below:

I _____ authorize Iowa Gym-Nest to debit my checking/savings account indicated below for tuition.

Billing Address: _____

Phone #: _____

City, State, Zip: _____

email: _____

Checking/Savings Account Information:

Name on Account: _____

Bank Name: _____

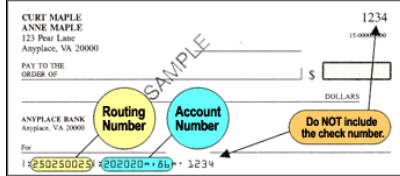
Account Number: _____

Bank Routing #: _____

Bank City/State: _____

Checking Account

Savings Account



I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify IGN in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that IGN may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company, so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE: _____

DATE: _____

Checking/Savings Account is preferred, however the following credit cards are also accepted:

Visa MasterCard Discover

Cardholder Name: _____

Account Number: _____

Expiration Date: _____ CVV (3 digits on back): _____

Billing Address: _____

Refusal of Recurring Payment:

I understand that if I refuse to provide a method for recurring payment, I must pay a deposit equal to one month's tuition AND the first month's tuition and membership fee prior to the first class. Monthly payments must be made, in full, prior to the first of each month. Payments received after the 5th of the month will be assessed a \$25.00 service charge. Deposit will be used as payment for the students' final month of class or upon providing a valid form of payment.

SIGNATURE (If refusing recurring payment): _____

Date: _____