

Electronic Funds Transfer (EFT) Payment Registration Form I hereby authorize Gymstarz Elite, LLC to debit my ___ checking ___ savings account at the financial institution listed below for my monthly tuition payment in the amount specified below:

Bank Name: _____

Routing number: (9 digits on the bottom of your check or deposit slip):

Account number: _____

Name of account holder (PRINT) _____

Monthly tuition amount: _____

Draft Day of Month: 1st Date of first payment: _____, 2014/2015

I understand that Gymstarz Elite, LLC will withdraw funds directly from my bank account as indicated above. I understand that these payments will continue throughout the months of each year. I understand if I want to discontinue payment due to withdrawal from classes, I must notify Stephanie Meza, Owner of Gymstarz Elite, LLC in writing by the 25th of the month prior to the month in which I wish to withdraw. I understand that I may only withdraw from classes at the end of the month and if I withdraw past the 1st of the month, I will pay for that month. I further understand that if I need to change my account information, I can do so by contacting Stephanie Meza, Owner of Gymstarz Elite, LLC, at (970) 587-7810. Lastly, I agree to pay a \$5.00 NSF fee if funds are not available at the time of the EFT transaction.

Student(s) Name _____

Parent Name (Please Print): _____

Signature: _____ Date: _____

Please attach a voided check and return with this form