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AUTOMATIC PAYMENT

FILE NAME:
(FAMILY)

START
DATE:

END
DATE:

**AUTHORIZATION AGREEMENT
FOR AUTOMATIC MONTHLY TUITION PAYMENTS (CREDIT CARD)**

I (we) hereby authorize ALYD, Inc/dba Lake City Twisters, hereafter call the COMPANY, to initiate debit entries to my (our) account indicated below, hereinafter called DEPOSITORY, to debit the same such account. This authority is to remain in full force and effect until COMPANY and DEPOSITORY had received written notification no later than the 15th of the month prior to its termination to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. The initial amounts shown below may be altered with customer authorizaiton.

Charges will be shown as "ALYD, Inc./dba LAKE CITY TWISTERS"

CHILDS NAME:	CLASS:	DAY:	TIME:	TUITION:
				TOTAL TUITION:

NAME ON CARD:			
CARD TYPE:			
CARD #:	EXP:	SEC:	
ADDRESS:			
CITY:	STATE:	ZIP:	
		SIGNATURE:	

LAKE CITY TWISTERS GYMNASTICS
808 Walsh Rd
Madison, WI 53714
Phone: 608-245-9565