



## Monthly Auto Draft Payment Agreement

Student Name:		Student Name:	
Student Name:		Student Name:	
Additional Students:			
Name on Card:			
Billing Address:			Zip Code:
Last 4 digits of Credit/Debit Card Number:	Expiration:		3 Digit Code:

***I hereby authorize Elite Athletics, Inc. to charge my credit card \$ \_\_\_\_\_ on the 1<sup>st</sup> business day of each month beginning \_\_\_\_\_ (date).***

***This information will remain on file until I complete a class withdrawal form and give my 30 day notice of withdrawal to Elite Athletics, Inc.***

***All charges will appear as Elite Athletics and I will give the office 1 month written notice from the first of the month to discontinue these charges. I understand that any outstanding balance on my account will also be charged to this account upon withdrawal.***

***I understand that any additional charges, i.e.: Open Gym, KidzNite and private lessons must be registered for and paid for via the Parent Portal or front desk prior to attending.***

Cardholder Signature:	Date:
-----------------------	-------

**Elite Athletics, Inc.  
52 Barbour Drive, Forest VA 24551  
www.eliteathleticsva.com  
434-525-4813**