BRONCO ELITE

ACH Debit | Payment Plan Authorization Form

Forms

Name: _____ _____
Please print First Middle Last Child's Name

Billing Address: _____ Work Phone: (_____) _____

City/State/Zip: _____ Driver's License #: _____

Home Phone: (_____) _____ Driver's License State: _____

Payment Plan Schedule

☐ **Recurring Debit** every: _____ ☐ Weeks ☐ Months OR: ☐ **One-time Payment**

**Charged on Monday*

Payment Date: ☐ *15th ☐ 29th

**Early bird discount will apply only to payments scheduled on the 15th of each month and does not apply to team gymnastics*

Start Date: _____ End Date: _____ Number of Payments: _____

(Start date must be at least 15 business days from submission of this form)

Apply Payment to: ☐ Gym ☐ Swim ☐ Adventures ☐ Summercamp *(Charged Weekly)* ☐ All that apply

Total: $ _____

OR:

☐ Pay Account Balance

If payment date falls on a weekend or holiday, your payment may be processed on the previous Friday or following Monday

Customer Bank Account Information

Bank: _____ Phone Number: (_____) _____

Routing Number: _____

Account Number: _____

Attach a voided check to this form.

Payment Authorization

I authorize my bank to debit my account as identified above to the terms stated here. This authorization shall remain in effect until the Service Provider and bank receive written notification from me of intent to terminate at such time and in such manner as to afford the Service Provider and bank reasonable opportunity to act (Minimum 30 days).

I understand that if the total amount owed to the Service Provider is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed the Service Provider is paid off, or unless the plan is terminated earlier by me as above. I understand any added amounts can be applied for with a new Payment Plan Authorization Form.

All other changes such as payment amount, frequency, bank account number change, will require a new ACH Debit Payment Authorization Form to be filled out and submitted to Merchant 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by the Service Provider or Merchant due to NSF (Non-sufficient Funds). I will be liable to pay an NSF fee of $25.00 (or the amount allowable by law), which may be automatically debited for each NSF.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the Service Provider, the bank, and Merchant harmless from damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature: _____ Date: _____

Second Authorized Signature
of Bank Account if Required: _____ Date: _____

A voided check from customer's bank account must accompany this authorization form.