

Auto Pay

Recurring Payment Authorization Form

Receive 1/2 off first registration fee and 5% off monthly fee when you enroll in auto pay.

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing at any time by contacting us.

Customer Information (to be completed by merchant)

Customer/Company _____

Contact Name _____

Account Number _____

Email Address _____

Phone () -

Ext: _____

Payment Information (to be completed by merchant)

I authorize Abilities Youth Fitness to automatically bill the card listed below as specified:

Product/service description _____

Frequency

Once

Daily

Weekly

Twice/Month

Monthly

Quarterly

Start on :

Month _____

Day _____

Year _____

End On :

(check one)

Month _____

Day _____

Year _____

No end Date

Credit Card Information (to be completed by customer)

Card type: Master Card VISA Discover AMEX Other

Cardholder Name _____

Cardholder ZIP Code _____

Card number _____

Expires _____

CVV/CVC Code _____

Email Yes No

Notify me via email when my credit card is charged. (Make sure email address above is correct.)

Customer's signature _____

Date _____