

Coastal Georgia Athletics, Inc

1303 Grant Street, Brunswick, Ga 31520
CGAcheer.com

CGA Automatic Payment Authorization Form

Schedule your payments to be automatically deducted from your bank account, or charged to your Visa, MasterCard or Discover Card. Just complete and sign this form to get started!

Here's How Recurring Payments for Classes at CGA Work:

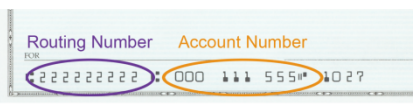
You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period until you let us know to stop them. A receipt will be emailed for each payment and the charge will appear on your bank or credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Coastal Ga Athletics to charge my
account indicated below for \$ _____ **now** and then \$ _____ per month on the _____
of each month for payment of _____ (Class Package)
for _____ (Athlete's Name)
Billing Address _____ Phone# _____
City _____ State _____ Zip _____ Email _____

Checking/ Savings Account

Checking	Savings
Name on Acct _____	_____
Bank Name _____	_____
Bank Routing # _____	_____
Account Number _____	_____



Credit Card

Visa	MasterCard	AMEX	Discover
Cardholder Name _____	_____	_____	_____
Account Number _____	_____	_____	_____
Exp. Date _____	_____	_____	_____
CVV (3 digit number on back of card) _____	_____	_____	_____

SIGNATURE _____ DATE _____

I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever comes first, and I agree to notify Coastal Georgia Athletics in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next billing date. If the above noted payment dates falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Coastal Ga Athletics may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and agree not to dispute these scheduled payments with my bank or credit card company; provided the transactions correspond to the terms indicated in this authorization form.