



JFJ Elite Gymnastics  
Automatic Payment Authorization for Checking Accounts

**Please print the following information:**

Child's full name(s) \_\_\_\_\_  
Person authorizing automatic draft payments:  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
**Email address** \_\_\_\_\_

Monthly Draft Amount or amount due for the month \$ \_\_\_\_\_

I hereby authorize monthly tuition payments, as shown above, to be drafted from the account designated below on the first of each month. In the event that I change my checking service to a different bank or different account, I will notify JFJ Elite Gymnastics in writing at least 15 days prior to the date of my next scheduled automatic payment. I understand that a bank draft carries all the same responsibilities as a check and I agree to maintain funds available in the designated account to cover these drafts as they occur. I will give a 30-day written notice to JFJ Elite gymnastics before stopping the automatic draft payment, if for any reason I withdraw my child from JFJ Elite Gymnastics.

Please Note: All bank drafts or checks returned by your bank as NSF, Account Closed, or for any other reason, will be charged a \$35.00 returned check fee. The total amount due on any returned item may be resubmitted and/or broken into multiple drafts to expedite collection. A separate draft for the \$35 Returned Check Fee will be submitted on your account.

**I hereby authorize drafts from my checking account only as specified above.**

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**ATTACH VOIDED CHECK HERE**  
(use tape for faxing)

**Do Not Use Deposit Slip**

Please Return Completed form to:  
JFJ Elite Gymnastics  
3314 Old Columbiana Road  
Hoover, AL 35226  
Phone 205-979-7969 Fax 205-979-7787