

GYMNAST NAME: _____

CREDIT CARD AUTHORIZATION FORM

1. COMPLETE THIS AUTHORIZATION
2. TAKE A PICTURE WITH YOUR PHONE
3. EMAIL TO: **shart@bloomfield.org**

All information will remain confidential

Name on Card: _____

Billing Address: _____



Please check one:

Visa

Mastercard

American Express

Discover

Credit Card Number: _____

Expiration Date : _____ 3/4 Digit Code : _____ Zip Code : _____

Amount to Charge: _____ (7-10 \$495, 5/6 \$460, 4/CX \$395, 3 \$290, Club \$225)

Please check this box authorizing monthly deductions from the credit card listed above from September 1, 2023 – August 31, 2024. Upon making the transaction, you will receive an email confirmation/receipt at the email address you have on file with Community Pass.

I authorize Bloomfield Hills Schools to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. I understand that selection of the Credit Card Payment Plan constitutes my agreement to have my credit card charged according to the terms on the fifth day of each month (unless the 5th falls on a holiday or weekend; should this happen, transaction will take place the first business day following the 5th). In the case that Oakland Rhythmics processes tuition directly, I authorize Oakland Rhythmics to charge the amount listed above to my credit card on file with Oakland Rhythmics' website per the terms above.

Cardholder - Please Sign and Date

Signature: _____

Date: _____

Name: _____

YOUR REGISTRATION IS COMPLETE UPON RECEIPT OF THIS FORM - THANK YOU!