

# Atlantic Coast Tumbling

## Automatic Draft Authorization Form

Student's Name(s) \_\_\_\_\_

(Please check appropriate box below)

MASTERCARD

VISA

DISCOVER

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp Date

\_\_\_\_\_  
Name (exactly how it appears on card)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

I am requesting Atlantic Coast Tumbling Inc. charge my regular invoices to my credit card as indicated above. I understand by signing below I am authorizing Atlantic Coast Tumbling Inc. to charge my entire balance for the upcoming month and any previous charges at the beginning of each month. I also understand this automated charge may be stopped within 5 days of the end of the month by emailing A.C.T. at [actumbling@aol.com](mailto:actumbling@aol.com) or by submitting the appropriate forms in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date