



KPAC, LLC and KPAC Gymnastics, LLC

Draft Authorization Form

ATHLETE'S NAME: \_\_\_\_\_

I (we) hereby authorize KPAC, LLC and KPAC Gymnastics, LLC, hereinafter called COMPANY, to initiate debit entries, and to initiate, if necessary, credit entries and adjustments for a debit entry in error to my (our) card indicated below.

The authority is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such timely manner (by the 25<sup>th</sup> of the preceding month) as to afford the COMPANY a reasonable opportunity to act on it. THE CARD SHALL BE USED FOR TUITION FEES.

CUSTOMER(S) NAME: \_\_\_\_\_

CUSTOMER ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

TYPE OF Account       Checkings       Savings

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number \_\_\_\_\_

Name on Account: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Draft Tuition Only

Draft Tuition and Fees

\*\*\*\*\* ATTACH VOIDED CHECK HERE \*\*\*\*\*