



HIAWATHA'S MARTIAL ARTS

Recurring Payment Authorization & Billing Form

CUSTOMER INFORMATION *(to be completed by customer):*

Student Name: _____

Contact Name: _____

Email Address: _____

Phone: (____) _____

PAYMENT INFORMATION *(to be completed by customer):*

I authorize **Hiawatha's Martial Arts** to automatically bill the card listed below as specified.

Service Description: ☐ Tae Kwon Do ☐ Fitness

Recurring Amount: _____ ☐ Monthly ☐ Quarterly

Start On: ____ / ____ / ____

Please complete the Credit Card information section below and sign the form. All requested information is required. Once completed we will automatically bill your Credit Card for the amount indicated and your total charges will appear on your monthly Credit Card statement, including any applicable fees (**belts, belt presentations, late fees, uniforms, t-shirts, equipment, etc.**) **YOU MAY CANCEL THIS AUTOMATIC BILLING AUTHORIZATION AT ANY TIME BY E-MAILING AT LEAST TWO BUSINESS DAYS BEFORE THE FIRST OF THE MONTH.** Refunds will not be given if a cancellation is not received. ***I have read and understand the above agreements & policies of Hiawatha's Martial Arts***

PRINT NAME: _____ SIGN: _____ DATE: _____

CREDIT CARD INFORMATION *(to be completed by customer):*

Card Type: ☐ Master Card ☐ VISA ☐ Discover ☐ AMEX

Cardholder Name: _____ Cardholder Zip Code: _____

Card Number: _____ Expires: ____ / ____ CVV: _____

Customer's Signature: _____ Date: _____

PHONE (914) 834-1971 FAX (914) 834-8741

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