

Martial Arts

Monthly Deduction Agreement Form

Do not use for a one-time credit card payment

Please check the appropriate box below.

Checking Account Deduction Place voided check here.

Credit Card Deduction Check credit card type: Visa Mastercard American Express Discover

Name on Card _____ Credit Card Number _____

Expiration Date _____ Billing Zip Code _____ Amount of Monthly Charge _____

List below the name of each participant and the amount to be deducted for each.

Participant's Last Name	Participant's First Name	CA Member Number	Check Deduction Type	Amount Deducted Each Month
1. _____	_____	_____	<input type="checkbox"/> Bank <input type="checkbox"/> Credit Card	_____
2. _____	_____	_____	<input type="checkbox"/> Bank <input type="checkbox"/> Credit Card	_____
3. _____	_____	_____	<input type="checkbox"/> Bank <input type="checkbox"/> Credit Card	_____
4. _____	_____	_____	<input type="checkbox"/> Bank <input type="checkbox"/> Credit Card	_____

(For Minors Only) Parent/Guardian Last Name

Parent/Guardian First Name

I hereby authorize Columbia Association, Inc. ("CA") to deduct the applicable monthly fees due for the Columbia Association Martial Arts program (Program) from my checking account (voided check attached) or credit card account listed above on or about the 18th of each month beginning _____ and ongoing until I give 30 days written notification of withdrawal from the program.

I understand that I am paying no finance charge for the credit provided but that a service charge will be assessed if ever my account is in arrears or if I fail to notify CA of banking or credit card changes in the month prior to the change. Notification must be delivered or received by the 10th of the month to the Martial Arts Program Director (6151 Daylong Lane, Clarksville, MD 21029) and will be effective on the 18th of the following month. For example, you must cancel by August 10 in order to stop or change classes for September.

Print Name

Date

Signature