

# AIKIDO

## Decatur

SELF DEFENSE • FITNESS • FOCUS • FUN!

### Auto Payment Authorization



**AIKIDO DECATUR**  
104 Sycamore Place  
Decatur, GA 30030  
(678) 662-9237  
[www.AikidoDecatur.com](http://www.AikidoDecatur.com)

Student(s) Name(s): \_\_\_\_\_

Authorized Sign-up Payment (3 months): \$ \_\_\_\_\_ (Initials)

Authorized Recurring Payment (per month): \$ \_\_\_\_\_ (Initials)

Training Start Date: \_\_\_\_\_

#### Credit Card Authorization

Name on Card: \_\_\_\_\_

Card Type:  VISA  MC  DISC  AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_ Security Code: \_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I understand that my credit/debit card will be billed the amount(s) noted above on or after the first of each month. I understand that I may pause or terminate this AutoPay arrangement at any time, and if I do, then I am responsible for charges already incurred.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_