

PAYMENT PLAN AGREEMENT

I, , agree to remit the following payments to MILEZERO GYMNASTICS

for the following services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Amount Owing: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I WOULD LIKE MY PAYMENTS TO BE PROCESSED ON THE:

1ST

15TH

|  |  |  |  |
| --- | --- | --- | --- |
|  | AMOUNT | PAYMENT DATE | CHECK # |
| PAYMENT 1 | $50.00 + \_\_\_\_\_\_\_\_\_\_  | AUGUST 26TH, 2019\_\_ |  |
| PAYMENT 2 |  | SEPTEMEBER \_\_\_\_\_\_\_\_\_  |  |
| PAYMENT 3 |  | OCTOBER \_\_\_\_\_\_\_\_\_\_\_ |  |
| PAYMENT 4 |  | NOVEMBER \_\_\_\_\_\_\_\_ |  |

METHOD OF PAYMENT

Post-Dated Checks

Cash

CREDIT CARD:

Visa

MasterCard

CREDIT CARD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV \_\_\_\_\_

I Authorize MILEZERO GYMNASTICS to charge my payments to the credit card selected above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PRINT NAME OF CARDHOLDER REGISTRANTS NAME(S)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 SIGNATURE OF CARDHOLDER DATE

PAYMENTS

THE PAYMENT PLAN MUST BE RECEIVED BY AUGUST 26TH, 2019 IN ORDER TO SECURE YOUR SPOT IN OUR PROGRAMMING, ATTACHED WITH POST-DATED CHEQUES OR CREDIT CARD ON FILE. I UNDERSTAND THE 1ST PAYMENT WILL INCLUDE THE COST OF THE $50.00 GYMNASTICS BC ANNUAL INSURANCE FEE AND BE PROCESSED ON AUGUST 26TH, WHEN RECEIVED. THE REMAINDER OF THE PAYMENTS WILL BE PROCESSED ON THE 1ST OR 15TH OF THE MONTHS STATED ABOVE. THIS PAYMENT PLAN IS INTEREST FREE AND FREE OF BILLING CHARGES FOR THE PAYMENT PERIOD; HOWEVER, I UNDERSTAND THAT IN THE EVENT A PAYMENTS IS DECLINED $25.00 WILL BE ADDED AT AN ADDITIONAL CHARGE TO MY ACCOUNT.

 CANCELLATION PROCEDURE

WE REQUIRE NOTICES OF CLASS CANCELLATIONS VIA E-MAIL TO MILEZEROGYMNASTICS@HOTMAIL.COM. THE DAY THE CONCELLATION REQUEST IS RECEIVED WILL BE THE DATE USED TO EVALUATE YOUR REFUND. WE WILL REQUIRE A $25.00 CANCELLATION FEE ALONG WITHTHE NON-REFUNDABLE ANNUAL GBC INSURANCE FEE.

LATE FEES

A 2% interest fee will now be processed on all late accounts and/or payments. Payments are considered late, if not paid on or prior to the 1st or the15th of your arranged payment schedule. If no payment plan is in place, late fees will be incurred by the last day of the month. All accounts with remaining balances will incur a 2% interest monthly.

Arrangements for unexpected late payments can and must be arranged prior to the due date; or a 2% interest will be held on your late payment and/or account.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DATE