



Credit Card Authorization Updates

As we continue trying to find new, better and more efficient ways to serve our customers, we are excited to inform you that we are in the second phase of updating our credit/debit card processing systems here at the gym! This new process is significantly more secure with multiple levels of encrypted data to better protect your card information-- and therefore, protect you!

How will this update affect YOU directly?

* If you choose to create a payment plan with a credit/debit card on-file we will ask you to complete the new Credit Card Authorization form attached here. Once completed, you'll only need to update your information with us should you desire to change the card on-file for your payments or if your card information changes (i.e. new expiration date, new CVV number). **Otherwise, this card will remain on-file for future payment plans.** You will not need to fill a new form out each term.

* We now require a valid e-mail address to be left on-file when choosing the payment plan. Once a Credit Card Authorization form is completed for payments, a profile will be created for you in SmartPay and you will be notified via e-mail. Going forward you may receive notices about an upcoming payment; alerts that your transaction was declined and another form of payment is required; or messages if the card on-file has expired. The goal is for a streamlined communication process.

* Payment plans with a credit/debit card will be processed automatically. If payments are scheduled for the 15th of the month, for example, it will be the customer's responsibility to contact Lakes Area to change or stop a transaction at least 48 hours in advance if needed. No changes will be allowed within 48 hours of a schedule payment. Please note your schedule payment dates at the time of registration.

* *As always, no customer will be permitted to split their tuition into payments without a valid credit/debit card payment plan on-file or post-dated checks given AT THE TIME OF REGISTRATION. If you do not want to leave your information on-file, please be prepared to pay in full at the time of registration.*



Credit Card Authorization

Name (as it appears on your card): _____

Card Type (circle one): VISA MasterCard Discover AMEX

Card # _____

Expiration Date: ____ / ____ CVV (back of card): ____

Billing Address for this Card: _____

City: _____ State: _____ Zip Code: _____

E-MAIL (Please print clearly): _____

I authorize Lakes Area Gymnastics, Inc. to charge the credit/debit card provided above for tuition, special events or other applicable fees and charges as agreed upon by me. I understand that there are no credits or refunds for dropped or missed gymnastics classes once a term begins and that I am liable for the full tuition even if only a partial payment has been made. I understand that should my card be declined for any payment I am responsible to provide an alternate card or method of payment within a timely fashion or late fees will apply. I understand that a valid e-mail address is required for all credit cards on-file with Lakes Area Gymnastics, Inc. I understand that tuition payments will be processed on the dates detailed at the time of registration and any requests to change the method of payment must be made at least 48 hours prior to the scheduled payment date.

Signature _____ Date _____