



# LUCAS LEPRI BRAZILIAN JIU JITSU KNOXVILLE

## Reoccurring Payment Authorization Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Street Address \_\_\_\_\_ Credit Card Billing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

I authorize Lucas Lepri Brazilian Jiu Jitsu Knoxville to charge my credit card **monthly** for payment of services. If Lucas Lepri Brazilian Jiu Jitsu Knoxville is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees that may be incurred. This authorization is in effect until I notify them otherwise in writing. By signing this authorization, I acknowledge that I have read and agree to all of the above information and warrant all information provided is true and correct. THIS AGREEMENT REMAINS IN EFFECT UNTIL CANCELED BY THE APPLICANT WITH WRITTEN NOTICE. This agreement may be cancelled by the applicant by providing Lucas Lepri Brazilian Jiu Jitsu Knoxville a written notice at least 30 days in advance of the cancellation date.

I authorize Lucas Lepri Brazilian Jiu Jitsu Knoxville to automatically bill the card listed below as specified.

Service Description \_\_\_\_\_ Reoccurring amount \_\_\_\_\_

Frequency Monthly  Bi-Monthly  5th  22nd  Other \_\_\_\_\_

Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Card Type  Visa  Master Card  Discover  Other \_\_\_\_\_

Cardholder's Name \_\_\_\_\_ Cardholder's Zip Code \_\_\_\_\_

Card Number \_\_\_\_\_ Expires \_\_\_\_/\_\_\_\_

CCV Number 3 digit code on back of card

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