Pinnacle Gymnastics www.pinnaclegymnastics.com

Shawnee

23803 W 83rd Terrace Shawnee, KS 66227 913-422-0161 PinnGym@gmail.com Overland Park

12505 Hemlock St Overland Park, KS 66213 913-239-0031 PinnGymOP@gmail.com

Pinnacle Payment Form			Date / /	
Student's Name:		Phone Number:		
Parent's Name:		Email:		
	Payment	Information - Rec	quired	
			r	
Save \$1 per child per mont through c	h by choosing Automa hecking account!	itic Payment		
Checking Ac	count Information	1	Credit Card Information:	
Bank Name:			Credit Card Type: (Circle one)	
			Visa MasterCard Disco	over
Account Holde	er's Name:		<u>Cardholder's Name:</u>	
Routing Numb	er:	<u>OR</u>	Credit Card Number:	
Account Number	<u>oer:</u>		Expiration Date:	
			1	
***			Billing Zip Code:	
**Please attac	h a voided check	l		
	Recurring Pay	ment Information	- Required	
 I authorize Pinnacle Gymnastics to automatically bill the account listed above on the 1st / 15th of every month (circle one) I understand that failure to cancel enrollment by the 27th of the month prior will result in a \$10 processing fee upon refund. Billing will end upon written or oral cancellation Begin Billing: / / Amount: \$\$ 				
Account Holder Signature:			Date:/ /	
One Time Payment Information				
I authorize Pinnacle Gymnastics Registration Fee Tuition: Other: Total:	to automatically bill the acc	-		
Account Holder Signature:			Date: / /	
		Office Use Only		
One Time Payment Completed		Office USE Offig		
Recurring Payment Entered:		<u>-</u>	Staff Initials:	