

## Authorization Agreement for Automatic Payments

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

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

Transit/Aba# \_\_\_\_\_ Checking # \_\_\_\_\_

I hereby authorize the Financial Institution named above to  
pay my monthly Fees \_\_\_\_\_ Dues \_\_\_\_\_ Bills \_\_\_\_\_

By charging each payment to my account and to make that deduction payable to the order of Tumble Cheer USA. I agree that each payment shall be the same as if it were an instrument personally signed by me. This is to remain in effect until revoked by me in writing with a 30day notice. In addition, I have the right to stop payment of a charge by timely notification to my Financial Institution prior to charging my account. I understand, however that both the Financial Institution and Tumble Cheer USA reserve the right to terminate this payment plan. (or my participation therein).

DATE \_\_\_\_\_ Signature \_\_\_\_\_

Note: Please return this authorization and a voided check to  
Tumble Cheer USA. Stacey or Doug Burnette