



MONTHLY CLASS AUTO PAY

Athlete Name: _____ Parent Name: _____

Class: _____ Price/month: _____

Address _____

City: _____ State: _____ Zip: _____

Cell Phone _____ Email _____

Credit Card # _____ Exp _____ CVV: _____ Zip: _____

I Authorize Rock & Armor to monthly withdraw the above amount for participation in Sports Performance classes. I understand it is my responsibility to let them know when we would like to stop or suspend monthly auto payments.

Signed: _____ Date: _____

This form will be shredded for personal security after the information is entered into Rock and Armor's electronic autopay system.