

**AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWAL OF FUNDS-ES8315**

**USA Tumble Bee's Gymnastics (Bee Elite Gymnastics Academy-BGA)**

**BGA & USATBG Office: 612-618-4790**

**Veterans Memorial Community Center - Park & Recreational Department**

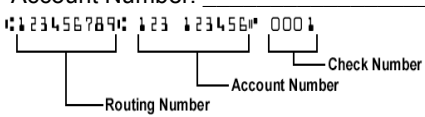
**8055 Barbara Ave., Inver Grove Heights, MN 55077 (Dakota County)**

**COMPLETE FORM: Please fill out all information and turn into Park and Recreation Office in person or see other options to the right. >>>**

You may also,  
 \*Scan then Email to: usatumblebees@hotmail.com  
 \*Fax to:651-450-2490 (If Fax call to confirm fax was received:651-450-2585)  
 \*Or Mail:  
 VMCC\_Park&Rec Dept.  
 8055 Barbara Ave  
 IGH, MN 55077  
 (Your Student's spot will be reserved once EFT, Registration & Waiver are received by office.)

Member ID #: (Office Use)	*Parent please complete: Student/Child Name Below:
*Date of first payment: ____/____/____ 1 <sup>st</sup> Business day of the Month	Date of last payment: (leave blank if not applicable) ____/____/____
Payment date: <input type="checkbox"/> 1 <sup>st</sup> Business day of each month.            *Amount of payment recurring monthly:\$_____ (write in <span style="float:right;">class/team \$ amount)</span>	

<b>*Parent Last Name</b>	<b>*Parent First Name</b>
*Street Address, on line below	<b>*Home Phone#</b>
*City, on line below                      County:	<b>*Cell Phone#</b>
*EMAIL(Required):	State: MN                      *Zip

*Please debit payments from my (check one): <input type="checkbox"/> Checking Account (staple a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)	*Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i>  *Account Number: _____ 
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**\*AGREEMENT**  
 I authorize the above company and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

**X Authorized Signature Here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please staple voided check here (\*Must be included also in scan or fax).