



E-Transfer Request Form - Recreational Program

CARDHOLDER INFORMATION

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email _____

Please complete the information below:

I _____
(full name) authorize Powell River Gymnastics & Cheer to request payment via

ettransfer for the amount of

\$ _____ on September 1st 2018, and subsequently for the amount of

\$ _____ on October 1st, 2018 and November 1st, 2018.

These payments are to cover the monthly fees associated with gymnastics training at Powell River Gymnastics & Cheer for _____.(child's name)

Signature

Date

***Note: you are responsible for completing the monetary transfer within 7 business days.
Failure to complete the transfer will result in a No Payment charge of \$25.**