



Automatic Credit Card Payment Form

Please Print Clearly

Student's Name or Names _____

Type of Card:

Master Card _____ Visa _____ Discover _____ Amex _____

Card Number: _____

Name on Card: _____

Expiration Date: _____

AmKor Karate Institutes of Collegeville Inc. offers the option of automatic payments by credit card

Please Keep this credit card information on file to use on my regularly scheduled charges:
(Please circle or write in the amount for each choice)

Monthly Dues: \$ _____ Testings: ___Y or N___ Gym Fee: ___Y or N___

By filling this form out I am authorizing AmKor Karate Institutes of Collegeville Inc. to use the above credit card information to pay for these charges. I understand that my credit card statement will be my receipt but a hard copy can be obtained at any time per my request.

I understand that I can stop this automatic payment service at any time with written communication to Amkor Karate Institutes of Collegeville Inc. via letter or email to mastermatys@icloud.com

Signature _____

Date _____

AmKor Karate Institutes of Collegeville Inc. 130 W. Main St., Collegeville PA 19426 Phone 610-489-7786