

Monthly Tuition Billing Agreement

I _____ agree to have the monthly tuition of \$_____ deducted from my credit/debit card every month on the 1st of the month by Sempai Judo Academy for martial art classes. I agree to provide a 30/60/90 day written notice to cancel my monthly billing agreement either via email or letter. This will be sent/given directly to Sensei Jason Reinders as to ensure that my 30/60/90 day notice is received. By signing this, I agree to the billing terms on the card provided below.

_____		_____	
Name		Phone	
_____		_____	_____
Address		City/State	Zip
_____-_____-_____-_____	_____	_____	_____
Card Number	Exp Date	CVV	Billing Zip

Name on the card			
_____		_____	
Signature		Date	

Student(s) Name(s)			
_____		_____	
Company Representative Printed		Date	

Company Representative Signature			