



AUTOMATED PAYMENT AUTHORIZATION

Credit / Debit Cards

NAME OF PAYER _____
first middle initial last

NAME OF STUDENT _____
first last

CARD ACCOUNT INFORMATION

NAME AS IT APPEARS ON CARD _____

CARD BILLING ADDRESS _____
street city zip

CARD # _____ EXP DATE _____

PAYMENT SCHEDULE _____ Quarterly _____ Monthly

ART	Tuition Terms	1st Student \$	2nd Student 25% discount \$	3rd Student 50% discount \$	**Prorated amount to 1st of month
ONE ART <small>(Of: Aiki-Jujutsu, Shinkendo, Brazilian Jiu-Jitsu)</small>	Monthly*	95.00	71.25	47.50	
	Quarterly	255.00	191.25	127.50	
	Yearly	980.00	735.00	495.00	
TWO ARTS <small>(Of: Aiki-Jujutsu, Shinkendo, Brazilian Jiu-Jitsu)</small>	Monthly*	135.00	101.25	67.50	
	Quarterly	375.00	281.25	187.50	
	Yearly	1420.00	1065.00	710.00	
THREE ARTS <small>(Aiki-Jujutsu, Shinkendo, Brazilian Jiu-Jitsu)</small>	Monthly*	165.00	123.75	82.50	
	Quarterly	455.00	341.25	227.50	
	Yearly	1715.00	1286.25	857.50	
FITNESS KICKBOXING	Monthly*	60.00	45.00	30.00	
	Quarterly	150.00	112.50	75.00	
	Yearly	550.00	412.50	275.00	
REGISTRATION FEE (waived if paying quarterly on auto pay or yearly)		45.00	TOTAL		

PAYMENT AUTHORIZATION / PAYMENT TOTAL _____ FIRST DRAFT _____
month day year

I authorize Budokan Inc., DBA Atlanta Budokan to charge to the above listed credit card/ debit card for the tuition listed above. The authorization shall remain in effect until Budokan Inc. receives **written notification** from me with intent to terminate no later than 14 days prior to next scheduled automated payment. I understand there are **no** refunds if I do not give proper notice.

I understand that there will be a \$25 fee for any automated payments that are declined by the Credit Card Company due to account closure, exceeding limit, or non-payment.

 Cardholder Signature

 Date