

PO Box 5659 Helena MT 59604 Mailing
3340 McHugh Lane Helena, MT Gym
(406) 442-6782 Phone
hacmt.com Web
office@hacmt.com E-mail



Good morning parents,

In an effort to better serve our gym families and streamline the billing process we have updated our automatic payment procedures. Starting in September 2018, your automatic payments will cover monthly tuition AND anniversary fees with options to include camp tuitions and other fees such as pro shop purchases, private lessons and competition account installments.

If you would like to update your auto pay preferences to include options in addition to monthly tuition and anniversary fees, please take a moment to look over the attached form, make your selections and return the form to the front desk at your convenience.

If you are not currently enrolled in auto pay, you can enroll by logging going to Member Login on hacmt.com, or by bringing your card by the office. In order to keep your information protected we will no longer be accepting forms containing written card information.

As always, please feel free to contact an office manager at office@hacmt.com with any questions you may have.

Thank you,

HAC Management



Automatic Withdrawal Form

I hereby authorize HAC to charge my debit/credit card on the 1st of each month for payment of my HAC account. If the above noted payment date falls on a weekend or holiday, I understand that the payments may be executed on the previous business day. I understand that the amount charged to my card will include monthly training fees, annual family anniversary fees, registration fees plus the following elected items.

Please select any additional items you would like included in your monthly auto pay.

- Parent’s Night Out
- School’s Day Out Camps
- Summer Camps
- Open Gym
- Apparel from the Pro Shop
- Birthday Parties
- Private Lessons
- Competition Account Installments

Statements are e-mailed approximately 10 days prior to payment processing. Any changes or questions must be made prior to the 1st of the month. Cash refunds are not issued after the fact.

***I understand that this information will be kept private and secure. The information above will only be used by HAC per my request or if my account becomes 30 days delinquent. Every effort will be made to contact me before a charge is processed unless I have indicated it as my preference. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. I certify that I am an authorized user of this debit/credit card and that I will not dispute the scheduled payments with my debit/credit card company provided the transactions correspond to the terms indicated in this authorization form.**

Cardholder Signature _____

Date _____

Cardholder Name Printed _____