CREDIT/DEBIT CARD AUTHORIZATION AGREEMENT Autopayment Program

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By completing the information and signing below, I authorize *Hawaii Academy* and its agents to utilize the credit card number identified below to pay my session/monthly invoice(s), automatically, on or after the invoicing date, before the start of the next instructional period. In so doing, I am aware that I do not need to contact *Hawaii Academy* every month to have my session account charge(s) paid via credit card. Further, I agree to notify *Hawaii Academy* at the above contact information of any changes required, including the canceling of this automatic payment agreement. I understand that any charges delivered to me, either electronically or by mail, with the customer number and serial number will automatically be paid in the batch process when all autopay subscribers are processed. If a stop date is provided below, the recurring payment will cease when the stop date is reached with any balance due thereafter subject to late fees without notification. If I wish to change any information below, including terminating this agreement, I will provide 30 days written notice to the above mailing address of such change (if giving the notice of change to an office manager personally, the required notice time is 14 days).

I hereby authorize Hawaii Academy to initiate credit/debit card entries and, if necessary, initiate credit entries and adjustments to any debit/credit card entries in error to my account indicated below to debit same account.

Customer (Client) Name		Student Name		
Address		City	State	
Zip Code	Email Address			
Telephone numbers to use in	contacting the client in the event of a p	problem (calls usually made 3-8pm Mc	on-Fri):	
1st phone	2nd phone	31	3rd phone	
Circle One: Visa Mas	sterCard American Express	Account Number		
Name on Credit/Debit Ca	rd	Exp Date	Sec Code	
Address of CC Billing (if c	lifferent from above)			
Stop Date Instructions:_	Ongoing Stop Date (MM/I	DD/YY) Other	Instructions	
system only charges my credit refunds will be giving if my acco month/period begins and those refusal to pay by the bank proce payment due. Further, I will pa	card when a balance is due. I understate bunt is incorrectly charged. I understand charges will be paid in the very next batcessing the charge will be treated the same	and it requires written notification to dis that HA posts charges for each new insta th process of all HA members. I understa e as a returned check subject to a \$25 pro y account become delinquent, including	at the beginning of each month. The autopa continue this autopayment process. However ructional period a few days before that session and that a hold, payment decline, or other successing fees, which I will pay in addition to the any attorney expenses should legal services be	
Authorized Signature		Date _		
	Thank you for using our Red	curring Payment System (c	cAutoPay).	

Security Notice: Our fax reception process is internally secure and confidential, but we do not trust email transmissions. The best way to get us this information is in a sealed envelope addressed to the Hawaii Academy Registrar and hand delivered to one of our gym managers who will personally get it to the registrar who will keep it locked in her files. We make every effort to insure the confidentiality of your financial records.

Legal Disclaimer: In no event shall *Hawaii Academy* be liable for any loss, damage, cost, expense, or injury resulting directly or indirectly from this letter agreement, including, without limitation, the use or failure of the payment process. Without limiting the foregoing, in no event shall *Hawaii Academy* be liable to customers or any third party for any consequential, incidental, special, indirect, punitive, or exemplary damages, including loss of profits and loss of business, even if advised of the possibility of such damages.

Registrar's Comments

Date Auto Pay Established	Date Auto Pay Discontinued				
Problems/Issues Encountered With This Account:					
Date	Problem / Issue	Resolution			