

CONFIDENTIAL: For Internal Use Only



PETALUMA ACADEMY OF MARTIAL ARTS
620 Petaluma Blvd N Petaluma, CA 94952
778-1069 www.pamakarate.com

Student Name: _____

AUTO-PAY AUTHORIZATION:

I authorize Petaluma Academy of Martial Arts (PAMA) to bill my dues by pre-authorized credit card charge. Our dues are processed monthly on the ____ day of each month.

Member Initials _____ (**Must be initialed by the person who is providing the payment method.**)

PAMA will bill your (please circle): Visa MC Discover AMEX

Card #: _____ Exp Date: _____ CVV: _____

Name as it appears on the credit card _____

Billing Address _____

Card Holder Signature: _____ Date: _____