



**RQUAM MARTIAL ARTS ACADEMY**

662 Glider Lane PO Box 598  
Belgrade MT 59714  
406-388-1476

**Recurring Payment Authorization Form**

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

**Recurring Payments Will Make Your Life Easier:**

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

**Here's How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_ authorize RQuam Martial Arts Academy to charge my credit card  
(full name)

indicated below for a ( Single membership of \$58.00), ( Two family membership of \$111.00), ( Three family membership of \$159.00), ( Four family membership of \$207.00), on the \_\_\_\_\_ of each month for payment of my RQuam Martial Arts Academy classes.

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

**Checking/ Savings Account**

Checking       Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Account Number \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Bank City/State \_\_\_\_\_

**Credit Card**

Visa       MasterCard

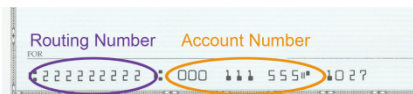
Amex       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

CVV (3 digit number on back of card) \_\_\_\_\_



SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify RQuam Martial Arts Academy in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that RQuam Martial Arts Academy may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

**Assumption of Risk**

I hereby release Master Randy Quam and the RQuam Martial Arts Academy and its members, officers, agents, representatives, successors or assigns from any rights and claims for damages I may have, or any liability they may incur, from any and all injuries suffered by me while participating in any class, practice, clinic, competition, or athletic event in which I may participate which is any way associated with the RQuam Martial Arts Academy. I understand and acknowledge that my participation in any activity of the RQuam Martial Arts Academy and directed by Master Randy Quam may involve risk to myself and that the Martial Arts includes strenuous physical action and bodily contact and I herewith consent to my exposure to any hazards which may be part of such activity and agree to assume the risks of any harm or injury to me that may occur because of my participation in the same. The above release shall apply to my heirs, successors, personal representatives and assigns. I certify that I have read this application and fully understand its content and hereby submit this application for training conducted by the RQuam Martial Arts Academy, Master Randy Quam, and agree to abide by, and comply with, the rules, regulations and requirements stipulated by Master Randy Quam, and the RQuam Martial Arts Academy.

Initial \_\_\_\_\_ I've read the above and agree.

**Release of Liability**

I understand that neither Bridger View Community Center, RQuam Martial Arts Academy, Randy Quam, RQLC LLC nor anyone connected with the instructions assumes any responsibility for accidents, medical, dental, or any other expenses incurred as a result of any activities.

Initial \_\_\_\_\_ I've read the above and agree.

**Payment Policies**

I understand that fees are due monthly, on the 1st day of the month (30 days) prior to beginning of lessons, reoccurring monthly thereafter, OR on the date which registration takes place reoccurring monthly thereafter. Payments are to be paid to RQuam Martial Arts Academy through PaySimple as follows: **Single member = \$58.00, 2<sup>nd</sup> family member = \$53.00 (Totaling \$111.00), 3<sup>rd</sup> family member = \$48.00 (totaling \$159.00), 4<sup>th</sup> family member = \$48.00 (totaling \$207.00),** and \$48.00 thereafter for each additional family member for classes held at the Bridger View Community Center/RQuam Martial Arts Academy, 662 Glider Lane Belgrade, MT 59714 or by mail to PO Box 598 Belgrade MT 59714.

Initial \_\_\_\_\_ I've read the above and agree.

**Medical Emergencies**

I hereby certify that my child/self is physically fit to participate in all activities and is covered by health and accident insurance. I authorize all transportation, medical, surgical diagnostic and hospital procedures as may be prescribed or performed by a treating physician.

Initial \_\_\_\_\_ I've read the above and agree.

*Medication*

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**Emergency Contact**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Other \_\_\_\_\_