



Bozeman Karate Hold Billing Form

To protect you and your account information, no changes will be made to an account without express written direction on this document authorizing such changes. This document authorizes a hold on your billing account for the dates specified below. This will remain in full force until we have received 30 day written notification in such a manner as to afford Bozeman Karate reasonable opportunity to act upon it.

Today's date: _____

I would like these changes to take effect starting on _____ ending _____

I hereby authorize Bozeman Karate, to begin billing on either the 1st or 15th following the end date above.

Responsible Party's Name: _____

Signature: _____

Email: _____

Student(s) Names:

PLEASE PRINT OUT AND COMPLETE THIS FORM AND RETURN IT TO OUR OFFICE

Office Use Only:

Auth:	Date:	EI:
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