

Authorization Agreement for Automatic Deposit/Debit

I (we) _____ hereby authorize The Fitness Center, hereinafter called Company, to initiate credit/debit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) Checking _____ Savings _____ Visa _____ MasterCard _____ Discover _____ Account (select one) indicated below and the depository name below, hereinafter called Depository, to credit and/or debit the same to such account.

If using a checking or savings account, we must have an actual VOIDED check.

Bank Name

Account #

Routing #

If using a debit/credit card, check card type below.

VISA

MasterCard

Discover

Credit/Debit Card #

Expiration Date

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

Name(s) PLEASE PRINT

Signed	Date
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(Note: Billing address MUST match address on file with checking/savings/credit/debit account.)

BILLING Address

City

State

Zip

I (we) _____ agree for the debit above to be for swim team monthly dues. I (we) understand that if my swimmer(s) level changes, my automatic draft amount will change to that level's dues amount. I understand that it is my responsibility to keep track of all swim dues amount(s).

Signed	Date
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If you would like for your swim meet fees to automatically be charged to your account/the above debit information, please check the box below.

<input type="checkbox"/>	Yes, please charge all swim meet fees to the account listed above.
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Signed

Date

I (we) hereby authorize The Fitness Center, hereinafter called Company to charge all swim meet fees to the account listed above, until I (we) terminate, in writing this request. I (we) understand that I (we) will not be contacted each time these charges take effect, and it is my (our) responsibility to know what each individual swim meet fee will be.