

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

Company Name: **Superior Athletic Club**

I, _____ authorize my bank to make full payment by
(Please Print Name of EFT Account Owner)

the method indicated below, and post it to my account.

_____ **Checking** (Note: For Checking account authorization, **attach a voided check.**)
(Debit cards are not accepted)

Bank Name: _____

or **Credit Card (NO DEBIT CARDS)**

_____ **Mastercard** _____ **Visa** **Print name as it appears on card:** _____

Charge Card Account #

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Expiration Date: _____ / _____

I understand that I am in full control of my payment, and if at any time I decide to make any changes or discontinue the EFT service, or if any changes have been made by my financial institution, I will give 30 days written notice to Superior Athletic Club. Cancellation of the EFT payment method will not affect other provisions and terms of my contract.

The date for Electronic Funds Transfer will be on the 28th of each month for the upcoming month's dues. There will be a Return Fee for failed EFT attempts.

The amount charged to either my checking or credit card account will be monthly dues* and any house charges made to my membership account.

**EFT is for the full balance of my account. INITIAL * _____*

**No debit cards. INITIAL * _____*

First EFT draft will be _____ to pay _____ dues and charges.
(month)

Date: _____ EFT Account Owner Signature: _____

Membership Account Number: _____

Member's Name: _____

Staff Name: _____