Automatic Payment Authorization Form

For (Member's Name)_ _____ __

I authorize Pure Martial Arts Fitness Academy, Inc. to initiate entries to my checking/savings/credit card account. This authority will remain in effect during the first term of my membership outlined in the membership agreement; thereafter, it will remain in effect until I give 2 weeks' notice prior to the billing month to cancel my membership.

☐ **Direct ACH Payment** from your checking or savings account!
Now you don't have to write a check, find a stamp, get the payment mailed, and hope you remembered to do it before the due date. Just fill out the authorization form below.

Direct ACH Payment saves you!

1. Saves you time—you don't have to write a check in a long line to settle your payment!
2. Saves you money—paperless and free!
3. Saves you hassle—no risk of interrupted membership because you forgot to make your payment!

Bank name _ _____ ___

Bank address_____

Name on bank account _____ Checking ☐ Savings ☐

Routing number* _____ Account number* _____

Amount: _____ Draft on or shortly after the _4th_ of each month. 1st Payment ___/_04_/_21__

Signature_____ Date_____
Please attach a voided check for accuracy. Any failed drafts will incur a $37.00 return charge payable immediately.

☐ **Credit Card Payment** is the 2nd form of recurring payment. It is important to note that utilizing this form of payment will incur an additional 5% administration fee. For example, if your monthly fee is $100, you will be charged a total of $105.00 the extra $5.00 is the admin charge.

Credit Card Type: ☐ Visa ☐ Master Card ☐ American Express ☐ Discover

Credit Card Number: _____

Expiration: Month\Year (xx\xxxx) _______

Security Number: _____ (Usually on back of card and 3 digits)

Amount: $0.00 Charge on or shortly after the 1st of each month. 1 st pymt: /01 /2021

Print Name on Card _____ Date

Any failed charges will incur a $20.00 inconvenience administration fee payable immediately.