

House of Courage Karate EFT

Renewal () New ()

Student Last Name : _____ First Name: _____

Cosigner Last Name : _____ First Name: _____

Address : _____

City : _____ State: _____

Postal/Zip Code: _____ Home: _____

Phone: _____ Mobile Phone: _____

Contract Dated: _____ Email: _____

Authorization Agreement

I hereby authorize House of Courage to initiate automatic debits to my account at the financial institution named below I also authorize House of Courage to make deposits to this account in the event that a debit entry is made in error. Further, if I do not have enough money in my account to cover the transfer or if my financial institution for any other reason refuses to honor a transfer I will be electronically debited an additional fee of \$10 as a returned item fee in accordance with the terms of my agreement. This Agreement will remain in effect until House of Courage receives a notice of cancellation or until my account has a zero balance with House of Courage.

Payment Information

Debit my account on the: _____ of the month (choose 1st - 10th) Payment Schedule: Monthly Bi Monthly Weekly

Debit my account in the amount of: _____

Account Information

Name of Financial Institution: _____ Debit - Credit Card - Visa - MC - Disc - AmEx

Card Number: _____

Authorization Number: _____ Exp. Date _____

TERMS

If you wish to cancel this contract, you may do so in a written request emailed to David Skelton at couragekarate@gmail.com.

Your request to cancel must be made at least 2 weeks prior to your last day requested. At that time the automatic debits will cease.

Signature

Authorization Given by: _____ Printed Name

Authorized Signature: _____ Date: _____