

Automatic Withdrawal Authorization Form

Section 1: Personal Information

Name: _____
 Email: _____
 Street Address: _____

 City: _____
 State: _____ Zip: _____
 Phone: _____

Section 2: Amount and Designation

Donation:
 In honor of: _____
 In memory of: _____




Movement Studio Membership ____
 Youth Membership ____

Section 3: Authorization for Automatic Withdrawal

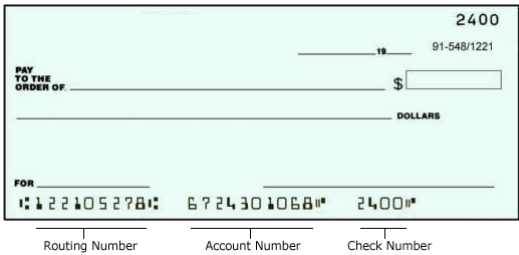
ACH Bank Withdrawal
 Type of Account: Checking Savings Other
 Attach a VOIDED check (a check with VOID written on it)

Start Date: (mm/dd/yy) ____ / ____ / ____
 Amount: _____
 Bank Name: _____
 Routing # (9 digits): _____
 Account #: _____

Credit Card Debit Card

Start Date: (mm/dd/yy) ____ / ____ / ____
 Amount: _____
 Name on Card: _____
 Card No: _____
 Expiration Date: (mm/yy): ____ / ____
 Billing Zip Code: _____ CVC code: ____



I would like CORE El Centro to charge my credit card, debit card, or account each month on:

- 1st of the Month
- 15th of the Month

AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS:

I hereby authorize CORE El Centro to make monthly withdrawals in the amount listed above by initiating debit entries to my account indicated on the voided check provided/credit or debit account provided, and I authorize BANK to accept my debit entries initiated by CORE El Centro to such account. This authorization will remain in effect until I revoke authorization by writing to CORE El Centro 10 days prior to my scheduled debit.

In the event that an automated banking withdrawal payment is denied, I agree to pay the monthly amount plus a \$20 service fee within 15 days. I understand that CORE El Centro will try to notify me of payment denial by phone and first class mail.

Signature: _____ **Date:** _____