

Bundled Programs EFT Form

I hereby authorize Hockessin Athletic Club (HAC), to initiate debit entries in the amount of _____ per month for _____ months until the full amount of _____ is paid, on or about the 10th of every month to my checking, savings or credit card account from the financial institution named below. I hereby authorize HAC to initiate a correcting credit or debit entry to my account on the condition that the HAC has sent or delivered to me written notification of such correction and reason thereof. In the event that my account becomes past due 60 days, I authorize HAC and my financial institution to accept and debit the remainder of my total program balance due, including any late fees and/or early termination fees. I understand that it is my responsibility to notify HAC of any changes to my banking information. There will be no refunds if membership is cancelled and the amount agreed upon is due upon membership cancellation

Starting Month ____/____/____ and automatically renewing month to month until ____/____/____. (Initial X _____)

Rejected EFT charges on credit cards or checking accounts are subject to a \$25.00 service charge.

<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Card # □□□□-□□□□-□□□□-□□□□ Exp. □□/□□
<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Name:
Routing Number: □□□□□□□□
Account Number: □□□□□□□□□□□□

The undersigned understands that any debit entry has previously been authorized to pay for services or products received by the undersigned and that HAC agrees to reconcile any dispute amount in a commercially reasonable manner. The undersigned hereby agrees that all entries initiated hereunder are to be governed by Rules to the National Automated Clearing House Association (NACHA) and agree to be bound thereby. I have read and understand this Agreement.

Member Name: _____ **Date:** ____/____/____
Signature: _____ **Date:** ____/____/____