

AIKIDO CENTER
141 28th Street SE
Grand Rapids, MI 49548

AUTHORIZATION AGREEMENT FOR AUTOMATED PAYMENTS

- New
- Replace previous agreement
- Change of bank or credit card account

Stop automated payments

I authorize Aikido Center to initiate payments of \$ _____ each month, as debit entries to my

- Master Card Account
- Visa Account
- American Express

Security Code: _____

ACCOUNT NO. _____ **EXPIRATION DATE** _____

Name on Card: _____

Billing Address: _____

Billing Zipcode: _____

Automated payments will be made on the 1st of each month. By signing this agreement I understand that I am in full control of my payments, and, if at any time, I decide to discontinue the automated payment method, I will simply notify Aikido Center ***in writing (email, etc.)*** to my cancellation. This authorization is to remain in full force and effect until the written notification from me of its termination.

_____ **Initials**

NAME (Please print.) _____

SIGNATURE _____ DATE _____

OFFICE USE ONLY

The above payment is for the following:

	<u>STUDENT</u>	<u>PERSON PAYING (IF DIFFERENT)</u>	<u>PROGRAM</u>	<u>PAYMENT AMOUNT</u>	<u>PAYMENT SCHEDULE</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Payment Start Date _____