

Martial Arts and Athletic Center

AUTOMATIC DRAFT AGREEMENT

NAME _____ HOME PHONE _____
 ADDRESS _____ CITY, ZIP _____

Please choose either credit card or checking account authorization
 To stop Automatic Draft - Please mail us written notification 30 days prior to cancellation date

____ AUTHORIZATION FOR RECURRING CREDIT CARD TRANSACTIONS
 FOR MONITORING SERVICE ONLY (any service or equipment charges will be billed separately)

I (we) hereby authorize MAAC / MAAC Kids or GML7 to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my/our Credit Card account indicated below. This authority is to remain in full force and effect until MAAC / MAAC Kids or GML7 has received written notification to terminate authorization. I understand and agree that **my Credit Card account will be charged**
 \$ _____ **each month or week.**

CVD _____

CIRCLE ONE: MasterCard - Visa - Discover - American Express

Account Number: _____ Exp. Date: _____
 Account Holder Name: _____ Billing Zip Code: _____
 Signature: _____ Date: _____

____ AUTHORIZATION FOR CHECKING/SAVINGS ACCOUNT TRANSACTIONS
 FOR MONITORING SERVICE ONLY (any service or equipment charges will be billed separately)

I (we) hereby authorize MAAC / MAAC Kids or GML7 to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error, to my/our Checking/Savings account indicated below and further authorize the financial institution listed below to debit and/or credit the same to such account. This authority is to remain in full force and effect until MAAC / MAAC Kids or GML7 has received (15) days written notification to terminate authorization. I understand and agree that **my Checking/Savings account will be charged**
 \$ _____ **each month or week.**

Bank Name: _____ Checking Acct. Savings Acct. _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____
 Transit / ABA #: _____ Account #: _____
 Account Holder Name: _____
 Signature: _____ Date: _____

VOIDED CHECK MUST BE ATTACHED

COMPANY USE ONLY: CSID _____ Form Rec'd _____
 1K _____ VT _____ Start Date _____ End Date _____