

# Martial Arts and Athletic Center

## Auto Draft information



Student / Child Name \_\_\_\_\_

Financially Responsible Party \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

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Authorization for recurring credit card or debit transactions: YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby authorize MAAC/MAAC Kids to initiate debit or credit card transactions for services through the MAAC. This authority is to remain in full force until written notification is received. I understand and agree that my debit / credit card account to be charged

\$ \_\_\_\_\_ each week / month

Circle one: Mastercard -Visa - Discover – Amex

Card number: \_\_\_\_\_

Exp. date: \_\_\_\_\_ Security code: \_\_\_\_\_ Zip code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Authorization for Checking / Savings account recurring transactions: YES \_\_\_\_\_ NO \_\_\_\_\_

I hereby authorize MAAC/MAAC Kids to initiate Checking / savings account transactions for services through the MAAC. This authority is to remain in full force until written notification is received. I understand and agree that my debit / credit card account to be charged

\$ \_\_\_\_\_ each week / month

Bank Name: \_\_\_\_\_ Type account: Checking Saving Acct

Routing Number: \_\_\_\_\_ Acct #: \_\_\_\_\_

Account holder name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To stop automatic draft written request must be made 2 weeks prior to next draft date.**