



Monthly Electronic Funds Transfer (EFT) or Payment Authorization Agreement
(CHOOSE ONE):

Member/Participant(s)/Guest(s) Name(s): _____

***** NON-CLUB MEMBERS *** Please circle reason for completing this form:**

Aquatics/Swim

Pilates

Tennis

Personal Training

Credit Card Authorization/Electronic Funds Transfer:

Type _____ (Visa/Amex/Disc/MC)

Credit Card # _____ Exp. Date _____

Name as it appears on card _____ Security Code _____

Address of Cardholder _____

(street)

(city)

(zip)

Or **Checking Account ACH Direct Bank Transfer:** Member must attach a voided check

Bank Name _____ Account # _____ Routing # _____

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I authorize California Athletic Clubs ("Club") to either draft funds from the above credit card number or electronically transfer funds from the above account number for payment of all amounts due to the Club. Payments may include monthly dues, account house charges, or programming fees. I understand that if I choose to change my payment method that I must contact the club in a timely manner as to not incur any late fees or penalty charges.

I confirm that I am authorized under the terms of the applicable agreement with my financial institution (the "Bank Agreement") to the account I have designated for the purchase of goods and services from the Club. I certify that all statements made in this payment authorization are true and correct to the best of my knowledge. I understand that any failure by the applicable financial institution to pay any charge in full does not release me from any liability for obligations owing to the Club. I agree to comply with my Bank Agreement at all times that this Authorization is in effect.

Authorized Signature: _____ **Date:** _____

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Office Only: Entered by: _____ Date: _____