



Cassell Training Center

AGILITY. BALANCE & STRENGTH

Credit Card/ Debit Card/ ACH Payment Authorization

Recurring Charge – You authorize regularly scheduled charges to your credit card, debit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card, debit card or bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from Cassell Training Center at least 10 days prior to the payment being collected.

I _____ authorize **Cassell Training Center, LLC** to charge my

(Print Full Name)

Credit Card, Debit Card or Bank Account below for \$ _____ on the **1st** of each **month**.

(Amount \$)

(day)

This payment is for _____.

(Description of Services)

Credit/Debit Card (3% charge)

- Visa
- Mastercard
- Amex
- Discover

Cardholder Name _____

Account Number _____

Exp. Date _____

CVV (3 digit number on back of card) _____

Zip Code _____

Checking/Savings Account

- Checking
- Savings

Name on Account _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____

Signature _____

Date _____