

AUTHORIZATION FORM

Studio North

ES12691

OFFICE USE ONLY	Member ID #:	Member Name:
	Date of first payment:	Date of last payment: (leave blank if not applicable)
	Preferred payment date: <input type="checkbox"/> 1 st <input type="checkbox"/> 5 th <input type="checkbox"/> 10 th <input type="checkbox"/> 15 th <input type="checkbox"/> 20 th <input type="checkbox"/> 25 th	Amount of monthly payment: \$_____

Last Name	First Name	
Address		
City	State	Zip
Email		

CHECKING / SAVINGS	Please debit payment from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	I authorize the above company to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. Authorized Signature: _____ Date: _____	

CREDIT CARD	Please charge my payment to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Credit Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above company to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	

Please attach voided check over credit card section above if using checking account.