



# 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

- 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 \_\_\_\_\_