

AUTHORIZATION AGREEMENT FOR MONTHLY AUTO DEBIT

Anniversary month:

(Yellow copy to patron – this is a auto renew membership)

Bank/Fi	nancial Institution name			
	location / city:			
	check which account to debit:			
	number:		33.9.2.0013.9.2.	
coun	number:			
	me of the written cancellation	n process.	atic fee from your accoun	
ame(s) (please print):			
	re:		Date	
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ATTACH VOIDED CHECK OR DEPOSIT TICKET HERE