



## AUTOMATIC BANK DRAFT

**Electronic Funds Transfer Authorization (EFT)**

As a duly authorized check signer on the financial institution listed below, I authorize ***Gymnastics Plus, LLC*** to perform scheduled or periodic electronic funds transfer debits from my account identified below for payments due or when applicable. This applies to check by phone payments as well as any other electronic payments. I understand the dollar amount can vary depending on the services performed. Monthly tuition payments will be transferred on the 2<sup>nd</sup> of every month.

Furthermore, if any such electronic debit(s) should be returned by my financial institution for any reason, including nonsufficient funds (NSF), I authorize ***Gymnastics Plus, LLC*** to collect a return item fee of \$30.00 per item by electronic debit from my account identified below.

I understand that I am required to provide a 30 day written notice to cancel future bank drafts from the institution identified below.

I understand and authorize all of the above as evidenced by my signature below.

**Authorizing Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Financial Institution Account “Identifying Information”:**

*Enter financial institution account information into the fields provided below or attach a blank voided check.*

<b>Financial Institution:</b>	<b>Branch:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>9 Digit Transit / ABA#:</b>	<b>Account #:</b>	