

DIRECT DEBIT AUTHORIZATION FORM

Customer Name _____

Address _____

City/State/Zip Code _____

Amount Due \$ _____

Phone Number _____

Is this a checking _____ or savings _____ account?

Bank Name: _____

Attach a voided check from checking account that is to be debited.

By signing below, I understand that I am authorizing Stony Creek Swim Center to debit my checking or savings account electronically for the amount due. If this amount is returned unpaid, I also understand that I am authorizing Stony Creek Swim Center to re-debit this amount, as well as an additional debit \$10.00, which is the return fee.

Customer Signature _____

Date _____