

Electronic Funds Transfer Form

I hereby authorize Kingdom Racquet and Fitness Club Inc., hereinafter referred to as KRFC, to effect payment for any amounts owing by me, or immediate family to KRFC by initiating debit entries to my account as indicated below using bank account also detailed below, hereinafter referred to as Bank, in accordance with whichever one of the alternative procedures is checked below.

KRFC is authorized to debit the amount of, _____, periodically as such amounts become due without any further authorization from me.

**** Any transaction that is denied due to insufficient funds or any other reason, a \$15.00 processing fee will be charged per denied transaction. Initial _____**

****For all credit/debit card processing, there will be a 2% handling fee assessed each month. Initial _____**

I authorize, and request Bank to accept any debit entries initiated by KRFC to such account and to debit the same to such account without responsibility for the correctness there of or for the existence of any further authorization relating there to:

Bank Name: _____

E-Receipts for Debit & Credit ONLY: Yes NO

Email Address/Text: _____

Account Type: Checking Savings Credit Card Debit

Account Number: _____

Routing Number: _____

Credit Card Number: _____

Expiration Date: _____

Select Date of Transfer: 1st of Month 15th of Month

Transfer Start Date: _____

Contract: Yes No Length _____

Contract Terms & Obligations

It is understood that this agreement may be terminated by me at any time by written notification to K.R.F.C. After receipt of such notification to KRFC debit will be terminated, unless client is bound by contract to KRFC for a mutually agreed upon period of time outlined in said membership agreement, in which case such agreement will remain in force until the minimum amount of time has expired. It is also understood that KRFC requires a reasonable opportunity to act upon such a request, which will be considered two weeks (14 Days) notice, and said debits will continue regardless of notification so long as client is in possession of a 24 hour access card. Any such notification to Bank shall be effective only with respect to entries debited to my (our) account by Bank after receipt of such notification and a reasonable time to act on it.

Customers Name(s) (Printed): _____

Signature: _____ Date: _____

If under 18 parent of guardian signature required: _____