

# FENCING INSTITUTE OF TEXAS

## CREDIT CARD SERVICE or ELECTRONIC BANK DRAFTING SERVICE AGREEMENT

The Fencing Institute offers monthly payment through automatic credit card or automatic electronic bank drafting services. There is no additional charge for this service!

Advantages? Never have to write a check. Ensure your coaches are paid on time. Eliminate late fees. Convenience. Keep fees lower.

How to apply:

- Complete this agreement. *For automatic checking/savings withdrawal, please attach a voided check.*
- Bring the completed agreement to the business office or place it in the locked mailbox outside the business office.
- The first training fees for new fencers will be charged immediately.
- Monthly training fees will be charged on the 1<sup>st</sup> of the month. You will be notified by email when your account is charged.
- By signing up for this program you are agreeing that monthly payments will continue until you notify us in writing otherwise. Cancellation of this agreement requires 30 days advance notification. (For example, if you take the month of July off in the summer to travel, you will be obligated to pay for that month's training unless you notify us by June 1<sup>st</sup> that you will not be training in July.)
- Insufficient funds in the account after a one-time grace period will result in a loss of this privilege. Charge back fees (for insufficient funds, incorrect information, etc.) will be assessed to the account holder.
- Anyone who requests the bank to stop monthly payments or files a false claim with their credit card company claiming services were not rendered will be subject to sanctions from the Board of Directors and loss of training privileges.
- Customer financial information will remain confidential and will not be disseminated.

### AUTHORIZATION

**APPLICATION FOR (print fencer's name):** \_\_\_\_\_ **AMOUNT of monthly fees:** \_\_\_\_\_

I hereby authorize Fencing Institute of Texas, Inc. to charge the below referenced credit card account or selected bank account a one-time amount of \_\_\_\_\_.

I hereby authorize Fencing Institute of Texas, Inc. to charge the below referenced credit card account or selected bank account automatically each and every 1<sup>st</sup> of the MONTH and apply said charge toward the payment of the charges I owe Fencing Institute of Texas, Inc.. I understand that I will remain responsible for recurring charges and additional late fees should my credit card be canceled or otherwise made unavailable for payment. I further understand that I will remain responsible for recurring charges, additional late fees and other applicable charges if the withdrawal to the bank account I have listed below is denied for insufficient funds or the account otherwise becomes unavailable.

PRINT **Card Holder** Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Billing address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Type of Card:  Visa  Master Card  Discover Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I hereby authorize Fencing Institute of Texas, Inc. to initiate automatic withdrawals via electronic fund transfer entries ("Entries") by means of the Automated Clearing House ("ACH") from the account listed below on the 1<sup>st</sup> of each MONTH. I understand and agree to abide by the Operating Rules of the National Automated Clearing House Association ("NACHA") in existence as of the date of this Agreement and as amended from time to time (the "Rules") which govern all such transactions. I acknowledge that no Entries may be made that violate the Rules or the laws of the United States. I agree to indemnify the Originating Depository Institution ("ODFI") and any third party service providers involved in processing Entries made hereunder against all claim, demand, loss, liability, or expense including attorney's fees and costs that result directly or indirectly from my 1) failure to follow the Rules or 2) violations of law.

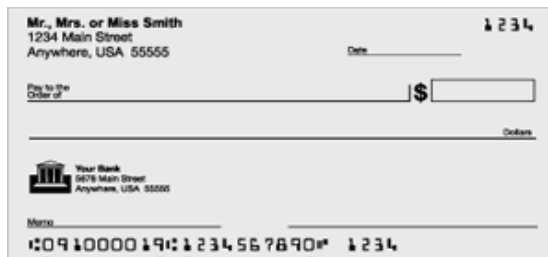
PRINT **Account Holder** Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings



**Bank Routing Number**      **Checking Account Number**

**ACCOUNT AUTHORIZATION SIGNATURE(S)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

\$ \_\_\_\_\_  
Monthly Amount Authorized  
Revised 10 Sept 07