



HENDRIX

WELLNESS & ATHLETICS CENTER Electronic Funds Transfer Authorization

I hereby authorize Hendrix College Wellness and Athletics Center to deduct my monthly dues for membership from my checking or savings account.

I understand that all memberships and their respective rates require Electronic Funds Transfer (EFT) authorization.

I understand that my monthly dues will be charged and deducted from my account approximately the first week of each month. **A \$30.00 fee will be charged to your account if an electronic funds transfer is returned insufficient.** Example: A \$55/month draft will be processed as an \$85 draft if returned as NSF.

I understand that all memberships require Electronic Funds Transfer authorization.

I have read and understand the conditions required for cancellation as stated in my membership application. Please deduct my monthly dues from the following account.

1. _____ Checking Acct.#: _____

2. _____ Savings Bank Name: _____

Please Print Name

Who membership is for

Signature

Date

Note: Please attach VOIDED check or savings deposit slip.