



HENDRIX COLLEGE

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.

HENDRIX COLLEGE
Credit Card Payment Form

Date: _____

(Check one:)

MASTERCARD _____ **VISA** _____ **AMEX** _____ **DISCOVER** _____

Cardholder's Name: _____

Credit Card #: _____

Expiration Date: _____

AMOUNT: _____

Description: _____

Cardholder Signature: **X** _____

Daytime Phone #: _____

(in case we need to reach someone about this payment)

GL ACCOUNT #: _____

BUSINESS OFFICE USE ONLY

Processed: _____

Amount: _____

Approval#: _____

Reservation#: _____

Initials: _____