



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: \_\_\_\_\_

Billing Address: \_\_\_\_\_

CVV Code: \_\_\_\_\_

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: \_\_\_\_\_