



HENDRIX COLLEGE WARRIORS

WELLNESS & ATHLETICS CENTER PAYMENT AUTHORIZATION

I hereby authorize the Hendrix College Wellness and Athletics Center to deduct my monthly dues for membership through automatic draft or credit card payment.

I understand that my monthly dues will be charged and deducted from my account approximately the first week of each month. A \$30 fee will be charged to your account if an electronic funds transfer is returned insufficient.

INITIAL: _____

I understand that if I am using a debit card my bank could place a hold on my account for the first month that I am a member of the WAC. Therefore, it may look like a double charge however, it will be removed. For questions on this I will contact my bank. To avoid this, I understand that I may use a card that is strictly for credit purposes or an automatic draft using a voided check.

INITIAL: _____

I have read and understand the conditions required for activation and cancellation as stated in my membership application.

INITIAL: _____

Member's Name: _____
(please print)

Membership Type: _____

Billing Amount: _____

If using a checking account please fill out the following information and attach a VOIDED check:

BANK NAME: _____ ACCOUNT #: _____ ROUTING #: _____

If using a credit card please fill out the following information:

☐ American Express

CARDHOLDERS NAME: _____
(AS IT APPEARS ON THE CARD)

☐ Discover

☐ Mastercard

BILLING ADDRESS: _____

☐ Visa

DAYTIME PHONE #: _____
(IN CASE WE HAVE QUESTIONS)

CREDIT CARD #: _____

EXPIRATION DATE: _____

CVV#: _____

CARDHOLDER'S SIGNATURE: _____