

Received by: \_\_\_\_\_

Date: \_\_\_\_\_



# HENDRIX COLLEGE

## 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 \$30.00 fee will be charged to your account if an electronic funds transfer is returned insufficient.**

Initial: \_\_\_\_\_

Please know that if you are using a debit card your bank could place a hold on your account for the first month you are a member of the WAC. Therefore, it may look like a double charge however, it will be removed. For questions on this please contact your bank. To avoid this, you 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: \_\_\_\_\_

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

Bank Name: \_\_\_\_\_ Acct.#: \_\_\_\_\_ Routing #: \_\_\_\_\_

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

- American Express
- Discover
- Mastercard
- Visa

Cardholders Name (as it appears on card): \_\_\_\_\_

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

Daytime Phone # (in case we have questions): \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

Member's Name (print): \_\_\_\_\_

Membership Type: \_\_\_\_\_

Billing Amount: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_