

# EFT AUTHORIZATION FORM

NAME \_\_\_\_\_ CONTRACT # \_\_\_\_\_

As a convenience to me, I authorize my bank, named below, to make my payments by the method designated and post it to my account.

CHECKING ACCOUNT # \_\_\_\_\_

STATEMENT SAVINGS ACCOUNT # \_\_\_\_\_

*(A voided check or deposit slip must accompany this form.)*

CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

- Effective On \_\_\_\_\_
- Amount of Payment \_\_\_\_\_
- Duration of Payments \_\_\_\_\_

**You remain in full control of your payments. This method of billing may be discontinued at any time by calling National Acceptance Company 30 days prior to your next billing date. In the event of a returned item due to insufficient funds, you will be charged a \$30.00 service fee which will be included in your next draft.**

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank Routing No. \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Club Representative \_\_\_\_\_

