

# CLEARWATER WELLNESS CENTER

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I hereby authorize \_\_\_\_\_  
(Financial Institution)

to transfer \$\_\_\_\_\_ from my account on the third (3<sup>rd</sup>) of each month to pay Clearwater Wellness Center for my membership fee in accordance with the terms and conditions set forth below:

1. Authorization to charge my account is the same as if I had personally signed a check to Clearwater Wellness Center. This agreement will remain in effect until I notify Clearwater Wellness Center or my financial institution **by the 20<sup>th</sup> of the month** for cancellation effective the following month.
2. A \$30.00 fee will be charged on all returned electronic funds transfers.
3. Either Clearwater Wellness Center or my financial institution will give me 10 working days written notice in the event of any change regarding this agreement.
4. I understand and agree that my financial institution is not responsible for any error in the amount of any transfer. Clearwater Wellness Center has the right to initiate correcting entries in the event of such error. I will handle this problem directly with Clearwater Wellness Center.
5. I understand that the \$25.00 joining fee will not be added to the amount of my electronic funds transfer and will need to be paid upon activation of the membership, by check or cash.
6. These pre-arranged transfers are governed in all respects by the rules of the Mid-America Payment Exchange.

Effective date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number \_\_\_\_\_

Checking  Savings  A voided check/deposit slip has been attached for acct. verification

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE