

Lester Buresh Family Community Wellness Center

AUTO PAYMENT FORM

I hereby authorize the Lester Buresh Family Community Wellness Center, hereinafter called The LBC, to initiate debit entries to my account indicated at the financial institution named below, and to debit the same such account. I also understand that this debit transaction for payment of a yearly membership will occur on the 1st day of each month and will continue for a minimum of one year. If the 1st of the month falls on a weekend or bank holiday the transaction will occur the following day. I recognize that my membership contract is for one year and that the full yearly membership amount is an enforceable obligation and will be collected.

Member's Name (*print*): _____ Member #: _____

Membership Type: _____ Monthly Rate: _____

BANK ACCOUNT INFORMATION

Bank Name: _____

City: _____ State: _____ Zip: _____

Bank Routing Number: _____ Account Number: _____

Account Type: Checking Savings

MEMBERSHIP CONTRACT

One Year Membership Contract: By initialing here, you acknowledge this membership contract is valid for one full year from the date of sign up. You will be responsible for any balance due on your account. (*initial*) _____

After one full year, you have the option to automatically renew for one year. Yes, sign me up for auto-renew. (*initial*) _____

I authorize the debit of my account to start on the first day of (month/year): ____/____

Signature: _____ Date: _____

VOIDED CHECK

(attach here)