

# ACAPULCQ GOLD TANNING

## Electronic Funds Transfer (EFT) Authorization Application

Customer Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Check one:  new participant  change

Payment Method:  Checking  Savings  MC/VISA/Discover

### Payment Instructions:

Payers Name: \_\_\_\_\_ (leave blank if same as above) Today's Date: \_\_\_\_\_

Membership Type: \_\_\_\_\_ Monthly Payment Amount: \$ \_\_\_\_\_ Payment Start Date:   /  /    
(6 month minimum starts from this date)

Name of Acapulco Gold Tanning Consultant (TC): \_\_\_\_\_

Min. # of payments: \*EFT drafts will continue indefinitely until AG Tanning, LLC is notified in writing to cancel or freeze it at least 30 days in advance! Verbal notifications of changes to salon staff are not valid. You may freeze your membership for \$5 per month (up to six months) once 3 month minimum has been met. Cancellation/freeze forms are available at the front desk. © \_\_\_\_\_ Payer's Initials

\_\_\_\_ Payer's Initials- I authorize the financial institution named below to accept Electronic Bill Payment instructions and to debit my account indicated below or credit my account if it is necessary to make corrections. I understand if my electronic payment is not made due to - insufficient funds there will be a \$10.00 NSF service charge added to my payment. All payments will be debited on or near the 1<sup>st</sup> of every month, but never before the 1<sup>st</sup>.

\_\_\_\_ Payer's Initials- Early contract termination: If I do not make payments for the minimum contract period of 3 months and cancel for any reason during this time, I understand that I am responsible for a \$100 early termination fee or the total amount of payments due under the contract, whichever is greater. I must provide advance written notice of cancellation at least 30 days in advance of next draft day, and refunds will not be issued to me for any reason.

### Bank Account Information- (Please include a voided or cancelled check)

Bank Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

### Credit Card Account Information-

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 digit

I hereby authorize ConsiImel's Credit Union, hereinafter called Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification from me of its termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days). I understand that Company may cancel this payment plan at any time. I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify and hold the Company, bank and their agents harmless from damage, loss or claim resulting from all authorized actions hereunder. I have read and understand all of the information written above.

X  
\_\_\_\_\_  
Payer's Signature

\_\_\_\_\_  
Today's Date