

C&C Gymnastics LLC Credit/Debit Authorization Form

I hereby authorize C&C Gymnastics LLC to initiate entries using Georgia Bank & Trust's Business Banking Product to my checking / savings account at the Financial Institution listed below, and if necessary, initiate adjustments for any transactions processed in error. The authority will remain in effect until C&C Gymnastics LLC is notified by me in writing to cancel it in such time as to afford C&C Gymnastics LLC and Georgia Bank & Trust a reasonable opportunity to act on it.

Name: _____
PLEASE PRINT

Address: _____

Signature: _____

Date: _____

Name of Financial Institution: _____
PLEASE PRINT

Address of Financial Institution (Branch, City, State & Zip):

Checking/Savings Account Number: _____

Financial Institution Routing Number: _____
(Look between these symbols 1: :1 on the bottom left of your check)

Purpose of Transaction: Auto Debit

Amount of Transaction*: _____

Maximum Amount of Transaction*: _____
**Not applicable for Payroll transactions*

*****ATTACH VOIDED CHECK*****