



Waukon Wellness Center
1220 3rd Avenue NW, Waukon, IA 52172
Ph. 563-568-0074

Authorization Agreement for Direct Debit

I hereby authorize the Waukon Wellness Center, hereinafter called WWC, 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 1 year. If the 1st of the month falls on a non-workday 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. I understand membership prices can change at any time and if changes occur I will be notified at least 30 days in advance of any changes to my membership.

After 1 full year, your membership will automatically renew for one year unless we receive written notice 30 days prior to the renewal date. You will be responsible for any balance due on your account.

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

Bank Name: _____

City: _____ State, Zip Code: _____

Bank Routing Number: _____

Account Number: _____

Account Type: _____ Checking _____ Savings

Membership Type: _____ Current Monthly Rate: \$ _____

I hereby authorize the debit of my account to start on _____ - 1st - _____

Business Discount:

Name of Business

Signature of Member: X _____ **Date: X** _____

One Year Membership Contract: By initialing here you acknowledge this membership contract is valid for one full year from the date of sign up. After one full year, your membership will automatically renew unless we receive written notice within 30 days of the renewal date. Membership prices can change at any time; you will be notified if any changes will be made to your account. You will be responsible for any balance due on your account. X _____ (INITIAL)

VOIDED CHECK
(attach here)