Automatic Withdrawal Form

Credit/Debit authorization

I (we) hereby authorize the Rock Lake Activity Center, Inc. to initiate entries to my (our) checking or credit card accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transaction credited/debited in error. **This authority will remain in effect until the RLAC is notified by me (us) in writing to cancel it with a 30 day prior notice, regardless of terms of service.**

Name of Member Financial Institution: _____

Address of Financial Institution: _____

Member Signature: _____
Date: _____

Name: (Print): _____
Member Address: _____

Set Amount: _____ (To be withdrawn by the 1st of each month.)

Fill out if funds are to be withdrawn from checking:
Financial Institution Routing Number: _____

Checking Account Number: _____

Attach a VOIDED check here ☺

Fill out if funds are to be withdrawn from credit card:
Credit Card Type: ( )Visa ( )MasterCard ( )Discover

Credit Card Number: _____
Expiration Date: _____ 3 Digit Code: _____
Front Desk Manager – Attach to membership application.

Start Date:_____ Exp Date: _____Renewal Date:_____

"this institution is an equal opportunity provider."