



**WELLNESS CENTER**  
**Payment Authorization Agreement**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_ **Membership Type:** \_\_\_\_\_  
**Additional Names on this Account:** \_\_\_\_\_

**Please Select Desired Payment Option:**

- Electronic Funds Transfer (EFT)**

**Signature** \_\_\_\_\_

I authorize Calvary Community Outreach Network – Wellness Center to initiate entries to my checking / savings account indicated below and the BANK below to post the same to such account on the *1<sup>st</sup> of each month.*

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Please attach voided check **OR** carefully complete the information below:

Transit Number: \_\_\_\_\_ (9 digits) Account Number: \_\_\_\_\_  
Check one: Savings Account \_\_\_\_\_ or Checking Account \_\_\_\_\_

A customer has the right to stop payment on any entry by notification to Bank prior to posting the account. If an erroneous entry is initiated by Calvary Community Outreach Network – Wellness Center to a customer’s account, customer shall have the right to have the amount of such entry reversed to such account by BANK, if, within 15 calendar days following the date on which the BANK sent to customer statement of account or a written notice pertaining to such entry, stating that such entry was in error and requesting BANK to reverse the amount thereof to such account. Transactions returned due to insufficient funds will result in a \$15 processing fee.

- Credit Card Charge on the 1<sup>st</sup> of each month.**

**Signature** \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ Discover Card \_\_\_\_\_ Amer Ex  
Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Office Use Only:**

Membership Type: \_\_\_\_\_  
Date to Begin Payment Option: \_\_\_\_\_  
Monthly Dues: \$ \_\_\_\_\_