



Today's Date

Authorization Agreement for Direct Payment (ACH Debits) Monthly Dues

I hereby authorize Coeur d Alene Area Swim Team, Inc. (CAST) to make withdrawals from the account and depository below. The withdrawals will include any outstanding fees paid on the 1st of each month. Any adjustment in my dues amount would result in notification in writing by CAST. Any additional assessments placed by CAST will not be withdrawn without written notification.

This authorization will remain in effect until a 30-day notice of termination is submitted in writing to CAST. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Member Name:

Banking Institution:

Account Number:

Routing Number:

Signature of Authorizing Party:

Todays Date:

Checking Account

Savings Account

Authorization Agreement for Credit Card Charges for Monthly Dues

I hereby authorize Coeur d Alene Area Swim Team, Inc. (CAST) to charge my credit card listed below monthly. The withdrawals will include any outstanding fees paid on the 1st of each month plus a 3% transaction fee on the 1st of each month. Any adjustment in my dues amount would result in notification in writing by CAST. Any additional assessments placed by CAST will not be charged without written notification.

This authorization will remain in effect until a 30-day notice of termination is submitted in writing to CAST

Name as it appears on card:

Signature of Authorizing Party:

Today's Date:

Visa

Master Card

Exp Date

Billing address for card:

Account Number:

PLEASE SIGN AFTER YOU PRINT THIS FORM

Print Name:			
Signature:		Todays Date	