TNT Kid's Fitness

AUTOMATIC PAYMENT AUTHORIZATION FORM

Name of Financial Institution:

X _____

Option 1:

Checking/Savings (Must include a voided check)

Bank Routing Number:

Bank Account Number:

Option 2:

Credit/Debit Card: (Visa, MasterCard, American Express, & Discover)

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Expiration Date (Month/Year)

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Verification Security Code (3 digit non-embossed number printed on signature section on back of card)

Participant's Name_____

Name as appears on bank statement_____

Billing address_____

City_____State_____Zip_____

Contact email for questions on or changes affecting fees: businessoffice@tntkidsfitness.com

I authorize TNT and the financial institution named above to initiate entries to my checking/savings or credit/debit card account **on the 5th or next business day of each month**. This authority will remain in effect until I notify TNT in writing to cancel it.

Signature_____Date_____