

# Midnight Sun Martial Arts Academy

## AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

### CLIENT/CUSTOMER INFORMATION

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET STATE CITY ZIP CODE

### FINANCIAL INSTITUTION INFORMATION

FINANCIAL INSTITUTION NAME: \_\_\_\_\_

FINANCIAL INSTITUTION ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ ROUTING NUMBER: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_  Checking Account

Savings Account

### AUTHORIZATION

I hereby authorize Midnight Sun Martial Arts Academy, to initiate debit entries to transfer funds from the account listed above, and if necessary, credit entries or adjustments for any withdrawal made in error to the account. This Authorization is to remain in full force and effect until COMPANY has received written notice from me of its termination in such a manner as to afford reasonable time to act on it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE