

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION AGREEMENT

PART 1: MEMBERSHIP INFORMATION

Member Salon

Authorized Name:

Member Mailing Address:

Suite or Building Name

Member City

Member State

Member Zip Code

Primary Contact Telephone Number:

Fax Number:

Primary Contact Email Address:

PART 2: PAYMENT INFORMATION

Please select the payment method for your membership dues:

Payment Type: ☐ Visa ☐ Master Card ☐ Discover ☐ American Express ☐ Checking Account ☐ Savings Account

Complete if using a Credit Card to process membership dues:

Billing Address of Credit Card:

Billing City of Credit Card

Billing State of Credit Card

Billing Zip Code of Credit Card

Name on Credit Card:

Credit Card Number:

Credit Card Expiration Date:

CVV Code:

Complete if using Checking or Savings Withdrawal to process membership dues:

Name of Financial Institution:

Address of Financial Institution:

Financial Institution City

Financial Institution State

Financial Institution Zip Code

Financial Institutions Routing Number:

Checking or Savings Account Number:

Number of Salons: _____ x \$100 = Monthly Dues of \$ _____

First Debit Month:

The above stated and undersigned (Member) hereby authorizes the American Suntanning Association (ASA) to debit the Member's above listed financial resource at the above Stated "Monthly Dues" amount per month in the payment of membership dues agreed to by the member. The first such monthly debit shall be as stated above "First Debit Month".

This authorization shall remain in effect until cancelled by the Member in accordance with the terms of the ASA Membership Agreement signed by the Member.

The Member hereby authorizes the financial institution named above to accept transfer instructions from the American Suntanning Association and to debit the undersigned's designated account described above.

Member:

Signature:

Title:

Print Signature Name:

Date: