



Wartburg-Waverly Sports & Wellness Center

Auto Payment Form

Payment Information

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS.

Debits will occur on the 2nd of each month

I hereby authorize Wartburg College or the City of Waverly, to initiate debit entries, and corrections thereto, to my Checking or Charge Card account indicated below and the depository or credit card named below, hereinafter called DEPOSITORY.

(visa or MC)

CREDIT CARD EXPIRATION DATE: _____ (For credit card only)

ACCOUNT NO. _____ (For credit card only)

Checking Account : Bank Name _____

ABA _____ ACCOUNT NO. _____ (checking account)
(Routing # from checking account-9 digits)

This authority is to remain in full force and effect until ORGANIZATION and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford ORGANIZATION and DEPOSITORY a reasonable opportunity to act on it, or until all payments due have been made.

Print name: _____

Signature: _____ Date: _____

Changes or cancellation can be made to the member's account by the 1st of each month. Example: If the member would like to cancel their membership for June, they would need to fill out a cancellation form by June 1st. Thank you.