

IOLA-SCANDINAVIA COMMUNITY FITNESS & AQUATIC CENTER
MONTHLY DIRECT BANK WITHDRAWAL

***Direct bank withdrawal can only be used for an ANNUAL MEMBERSHIP.**

- Direct bank withdrawal means your money is taken out of the account you specify without having to write a check.
- Direct bank withdrawal eliminates having to pay the entire membership amount up front.
- Direct bank withdrawal saves you from having to pay more for the monthly membership rate by purchasing the annual membership.

➤ Because the withdrawal is for an annual membership, you must pay for the entire year if you want to stop payments at any time.

Please contact your financial institution or Kori Printz (445-2411, ext. 301) if you have any questions or concerns about direct withdrawal.

Please follow the following procedures when signing up for monthly direct bank withdrawal:

1. Read the Authorization Statement below.
2. Mark the box before the type of account to indicate whether your fee will be withdrawn from your checking or savings account.
3. Fill in your name, financial institution name and location, and date.
4. Attach a voided check for verification of all financial institution information. If you are unable to attach a voided check, please fill in your account & routing number.
5. Sign the form!

MEMBER'S DRAFT AUTHORIZATION – Please fill-out entire bottom of form and return with membership registration form and 1st month's payment.

Today's date: _____

Please check the following:

- New to Monthly Bank Withdrawal (please complete all information-1st month payment required)*
- Continuing w/same account information (fill out name and membership type only-no payment req.)*
- Continuing w/new account information (please complete all information-no payment required)*

Monthly Membership Dues in the Amount of \$ _____ for _____ installments will begin (date) _____ and, thereafter, **monthly on the 15th**.

AUTHORIZATION STATEMENT: This authorization will remain in effect for 11 months or until canceled by me in writing, and until you actually receive such notice, I agree that you shall be fully protected in honoring such draft. I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me. I authorize the Iola-Scandinavia Community Fitness & Aquatic Center and the financial institution listed below to initiate monthly drafts from my:

Checking account OR Savings Account

Financial Institution _____

Your Name _____

Branch _____

Signature _____

City _____ State _____

Check which type of Annual Membership:

___ Family Pool ___ Family Combo
___ Adult Pool ___ Adult Fitness Center
___ Adult Combo ___ Single Sr. Combo
___ Couple Sr. Combo ___ Family Fitness Ctr.

Checking/Savings Account Number _____

___ TOWEL

Routing Number _____

Attach voided check here.