## GOETZ PHYSICAL CULTURE CENTER, INCORPORATED

Electronic Funds Transfer (EFT) / Automated Clearing House (ACH) – Authorization

Memb	er Identification:		
Last na	ame	First name	Member I.D.#
Finan	cial Institution information	on:	
Bank name		Address / Telephone	
Routin	g number (9 digit)	Account number	Type of account
If account is credit/debit card: Card		ard Security Code (CSC) #	Exp. Date:
Finan	ce Terms:		
	(15 <sup>th</sup> ) day of each month A service fee of \$25.00 v insufficient funds or for a cial Agreement:	will be charged and drafted for any many other reason causing the transfer  Physical Culture Center, Incorporate	onetary compensation returned for to fail by my act or failure to act.
Terms beginn statem and effits term	" of this document that we The appropriate pecunian ing the month following the ent will constitute receipts The above authorization fect until Goetz Physical Commation in such a time and	and all applicable monetary amounts re incurred by me or at my request. ry value shall be drawn on the fifth (5 ne date this form was executed. The for payment. is effective as of the signature date be culture Center, Incorporated has received such manner as to afford Goetz Physichant processor a reasonable opportunity.	cth) day of each consecutive month transactions on my (member) bank elow and is to remain in full force wed written notification from me of sical Culture Center, Incorporated
Member signature			Date

Goetz PCC, Inc. representative