

200 SE 4th St
OKC, OK 73129



Phone: 405-319-1400
http://rocktowntngym.com

ACCOUNT TYPE _____

STAFF INITIALS _____

DATE ENTERED _____

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (EFT/Auto Withdraw)

COMPANY NAME: **ROCKTOWN, LLC**

MEMBER NUMBER(S): _____

I (We) hereby authorize ROCKTOWN CLIMBING GYM (ROCKTOWN, LLC), hereinafter called COMPANY, to initiate debit entries to my (our) checking account indicated below and the depository name below, hereinafter called DEPOSITORY to debit the same to such account.

DEPOSITORY BANK NAME: _____ BRANCH: _____

CITY: _____ STATE: _____ ZIP: _____

Please attach a VOIDED check

TRANSIT ABA NUMBER: _____ ACCOUNT NUMBER: _____

Credit Card accounts must be debit accounts

CHECK CARD NUMBER: _____

EXP: _____

SECURITY CODE (ON BACK OF CARD) _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has received a **SIGNED CANCELLATION POLICY FORM (blank form provided upon request from Rocktown)** from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I (or either of us) have the right to stop payment of a debit entry by notification to DEPOSITORY at such time as to afford DEPOSITORY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by DEPOSITORY, provided I (we) send written notice of such debit entry in error to DEPOSITORY within 15 days following issuance of account statement or 45 days after posting whichever occurs first. If payment from my account is declined or payment rejected for any reason, I authorize an additional \$35 fee to be collected. Memberships with more than 3 non-payments will be turned over to collections and membership will be forfeited.

CANCELLATION POLICY: Minimum of 30 days written notice prior to the 1st of the next automatic draft/billing cycle, by means of a signed CANCELLATION POLICY FORM. There is no pro-rating for the missed portion of a month.

_____ I authorize my account to be drafted for a minimum of 3 consecutive months prior to cancellation

_____ I agree to provide COMPANY 30 days written notice (per cancellation policy) of cancellation of membership

_____ I understand my account will be debited \$ _____ within the first business week of each month

_____ I authorize my account to be debited \$35 non-payment fee if payment is declined

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Note: Please attach a voided check from the account to be debited so that we may verify your bank's Federal Reserve Transit ABA Number for debit processing.