

TOTAL TAEKWONDO

Credit Card or Bank Draft (EFT) Authorization / Change Form

To protect you and your account information, NO CHANGES will be made to an account without express written direction on this document authorizing such changes. Drafting is done at 12:01 am on the 15th of the month for the current month. This document authorizes the new monthly draft amount shown below and will remain in full force until Total Taekwondo has received 30 day written notification from me on its termination, in such a manner as to afford Total Taekwondo reasonable opportunity to act upon it.

Today's Date: _____ I would like these changes to take effect starting on the 15th of: _____

STUDENT NAME(S)	
1.	4.
2.	5.
3.	6.

Previous amount of monthly auto draft: \$ _____ New amount of monthly auto draft: \$ _____

Reason for change: _____

I (We) hereby authorize Total Taekwondo, to charge our Credit Card account indicated below.

Cardholders Name: _____ Signature: _____

Address: _____

Credit Card Type: VISA MASTERCARD DISCOVER

Credit Card Number: _____ - _____ - _____

Expires: ____/____ Billing ZIP Code: _____

Credit Card ID Number (last 3 digits on the back of the card): _____



OR:

I (We) hereby authorize Total Taekwondo to initiate Debit entries &/or correction entries to our Checking indicated below, at the depository named below, herein after called DEPOSITORY, to credit the same such account.

*Depository (Bank) Name: _____ City: _____ State: _____

*Bank Transit-ABA #: _____ *Account #: _____

** To be retained in company file until termination** Drafting is done on the 15th of the month for recurring charges.