

DANCIN' WITH
ROXIE

Authorization Agreement for Pre Authorized Transfer

Automatic Withdrawl (ACH)

(Please Attach a Voided Check)

Bank Name _____ Routing Number _____

City _____ State _____ Zip _____ Phone Number _____

Account Name _____ Account Number _____

Drivers License Number _____ State _____ Bitldate _____

(payments will be taken on the first day of the month)

OR

Automatic Mastercard or Visa Monthly Payment

Credit card type _____ CVV # _____

Card Number _____ Expiration Date _____

Name on the Card _____

Billing Address _____

I, _____ hereby authorize Dancin' With Roxie to initiate the debit and/ or credit entries indicated below.

Transfer Amount: Monthly Balance

Customer Printed Name _____

Phone Number(s) _____

X

(Signature/Date)

Registration fees are waived for Customers using the Automated Payment Plan