

Dancin' With Roxie

Authorization Agreement for Pre-authorized Transfers

Automatic Withdrawal (ACH)

(Please Attach a Voided Check)

Bank Name _____ Routing
Number _____

City _____ State _____ Zip _____ Phone
Number _____

Account Name _____ Account Number

Drivers License
Number _____ State _____ Bitthdate _____

(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