

City Aikido AND Aikido of Mountain View
AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

Member's name(s): _____

A. I authorize CITY AIKIDO to charge my monthly dues to my Credit Card

1. Name on credit card (exactly as printed)

2. Billing Address for credit card (Street, Apt. #)

3. City State Zip

_____ | | | | | | | | - | | | | | |

4. Credit Card Number Type

| | | | | | | | | | | | | | | | _____

5. Expiration Date

| | | | | |
m m y y

6. Card verification Number (CVV2)

| | | |

B. I authorize CITY AIKIDO to charge my monthly dues to my Checking Account

Savings Account

1. Name(s)

2. Bank Name

3. Branch

4. City State Zip

_____ | | | | | | | | - | | | | | |

5. Routing Number

| | | | | | | | | |

Account number

Signature

Today's Date

___/___/___

NOTE: THIS AUTHORIZATION IS VALID UNTIL I PROVIDE YOU WITH A CANCELLATION