

TKD ELITE USA
520 W.58th Ave, #G, or 10336 Eagle River Loop Rd
Anchorage, AK 99518 or Eagle River, AK 99577
907 563-3025

ACH Payment Authorization Form

Schedule a one-time or recurring payment to be automatically deducted from your checking or savings account. Just complete and sign this form to get started!

Here's how ACH Payments Work:

You authorize a one-time or regularly scheduled charge to your checking or savings account. You will be charged the amount shown below on the date or schedule indicated. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior payment collection. You may cancel this authorization with a required 30 day WRITTEN NOTIFICATION (no text, email or verbal accepted) to TKD Elite USA.

Please *PRINT* & complete the information below:

STUDENT NAME: _____

I _____ authorize **TKD Elite USA** to charge my bank account
(PRINT full name)

indicated below for the following one-time or scheduled amount for payment of my **DUES**:

Amount: _____

One Time Payment

Recurring Payment Schedule

One Time Payment Date: _____

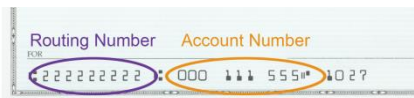
Start Date: _____

End Date: _____

Frequency: _____

Bank Account (REQUIRED)

Checking Savings
Name on Acct: _____
Bank Name: _____
Account Number: _____
Bank Routing #: _____
Bank City/State: _____



Billing Address (REQUIRED)

Billing Address: _____

City: _____
State: _____
Zip Code: _____
Phone#: _____
Email: _____

SIGNATURE _____

DATE _____

For a One Time Payment this authorization is for a single transaction on or after the indicated date. For a Recurring Payment Schedule, I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **TKD Elite USA** in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that **TKD Elite USA** may at its discretion attempt to process the charge again within 30 days, and agree to an additional **\$35** charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this authorization form.