

2011-2012 Fever Payment Authorization Form

Payment by Credit Card:

I agree to the terms and conditions being offered by the Fever per the 2011-2012 registration / commitment form and corresponding program outline. I authorize the Fever to charge my credit card per the agreed upon terms and conditions. I also understand it is my responsibility to update the Fever with any changes to my credit card information.

My credit card information is as follows:

Name on card: _____

Type of Card:

Credit card number: _____

Expiration date: _____

Zip code of billing address of card: _____

Payments will be charged on the 10th of each month.

X _____ (Authorized Signature)

X _____ (Date)

Payment by ACH:

ABA OR TRANSIT ROUTING NUMBER _____

ACCOUNT NUMBER _____

TYPE OF ACCOUNT CHECKING ____ SAVINGS ____

PRIMARY NAME ON ACCOUNT _____

We authorize Three Rivers FCU to initiate debit and/or credit entries to/from our accounts listed on this form, and we request and authorize the financial institution named above to accept and honor the same. We acknowledge that the origination of ACH transactions to/from our accounts must comply with the provisions of US law. This authorization will remain in full force and effect until Three Rivers FCU has received written notification from us of its termination in such time and manner to afford Three Rivers FCU a reasonable opportunity to act, or Three Rivers FCU terminates due to non-payment of the transfer at either institution.

Payments will be charged on the 10th of each month.

X _____ (Authorized Signature)

X _____ (Date)