



CONTINUING DUES PAYMENT AGREEMENT

Customer Assignment and Electronic Funds Transfer (EFT) Authorization

TOLL FREE: 800-233-8483

WEB PAGE: www.profinse.com

Attach void check or other supporting EFT documentation here

1. FULL NAME & ADDRESS as it appears on checking/savings, or credit card account					
Last Name		First		M.I.	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone					
E-mail Address					
Payment Amount	\$	<i>Payment will be transferred on the 28th of each month</i>			

2A. BANK INFORMATION – complete this section if paying directly from checking or savings			
Bank Name			
City, State		Bank Account number	
Phone		Bank Routing /Transit number	

2B. CREDIT CARD INFORMATION – complete this section if paying from credit card													No debit cards		
Card number															
Type of card					Exp. Date										

INSTRUCTIONS AND AGREEMENT	
<p>Complete section 1, then section 2a or 2b. If payment will be transferred monthly from a checking or savings account, then complete section 2a. If, instead, payment will be transferred monthly from a credit card account, then complete section 2b. Sign and date the agreement. Place in an envelope and put the envelope in the box on sensei's office door.</p> <p>Agreement</p> <p>I (We) hereby authorize AAC to draft my (our) account indicated above. I understand that I am in full control of EFT payments. I may change payment method at any time with 15 days prior written notification requested. This authorization is not to exceed term of corresponding agreement. To amend or rescind this agreement you must provide 15 days written notice to the Budo Dojo.</p> <p>AAC reserves the right to add the following fees to customer account balance should any of the following occur. Return check/EFT draft-five dollars, reclear return check/EFT draft – fifteen dollars, credit card decline-five dollars, credit card reclear-fifteen dollars, unpaid credit card charge back- twenty-five dollars, unpaid customer check-fifteen dollars. Scheduled payments received more than ten (10) days after the due dates are assessed a late fee: schedule payment amount less than twenty-five dollars - \$5.00, scheduled payment amount twenty-five dollars or more \$10.00. Subject to appropriate state and federal law.</p>	
Signature of Participant	Date

CONFIDENTIALITY NOTICE
<p>This facsimile contains information that – (a) may be LEGALLY PRIVILEGED, PROPRIETARY IN NATURE OR OTHERWISE PROTECTED BY LAW FROM DISCLOSURE; and (b) is intended only for the use of the Addressee(s) named above. If you are not an Addressee, or a person responsible for delivering this to the Addressee(s), you are hereby notified that reading, copying or distributing this facsimile is prohibited. If you have received this facsimile in error, please telephone us immediately and mail the facsimile back to us at the address below.</p>