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CREDIT CARD - ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION FORM

CORPORATE ENTITY INFORMATION	
CORPORATE ENTITY NAME:	
ADDRESS:	
CONTACT PERSON:	
EMAIL:	PHONE:
PAYMENT INSTRUCTIONS	
Automatic Monthly Payments will be made in accordance with the selected membership price schedule and agreement terms found in the LOVE OAK 24/7 HEALTH CLUB CORPORATE ENTITY INFORMATION AND AGREEMENT FORM.	
CREDIT CARD INFORMATION (REQUIRED FOR FIRST PAYMENT)	
<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS	
NAME ON CARD:	
CARD NUMBER:	EXP DATE:
BANK ACCOUNT INFORMATION (OPTIONAL FOR ON-GOING PAYMENTS)	
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
BANK NAME:	
BANK ADDRESS:	
ACCOUNT NUMBER:	ROUTING NUMBER:
<input type="checkbox"/> VOID CHECK / BANK LETTER (REQUIRED IF CHOOSING EFT FOR OPTIONAL ON-GOING PAYMENTS)	

By signing below, you authorize Love Oak LLC to make electronic credit entries, and any necessary adjustments involving these entries, in the indicated account at the financial institution designated above, and you authorize the Bank or Credit Card Institution to accept such entries and make necessary adjustments. This authorization will remain in effect for 30 days after written notice of termination is received in accordance with the terms set forth in the Corporate Entity Agreement.

Authorized Signature: _____ Date: _____

Authorized Printed Name: _____ Title: _____