

DATE: \_\_\_\_\_

DOUBLE DIAMOND ATHLETIC CLUB

MEMBER #4471-\_\_\_\_\_

CHANGE

MEMBERSHIP FOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FREEZE – WITHOUT A NOTE FROM A DOCTOR INDICATING A MEDICAL REASON FOR A FREEZE, THERE IS A CHARGE OF **\$15.00** PER MONTH PER PERSON

PHONE: \_\_\_\_\_  PIF (max 90 days) START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_  BILLED - START W/BILL DATE: \_\_\_\_\_ # OF PERIODS (max - 3): \_\_\_\_\_

DATE: \_\_\_\_\_ DDAC EMPLOYEE SIGNATURE: \_\_\_\_\_

**REQUEST FOR PREAUTHORIZED PAYMENT  
REQUIRED FOR ALL EFT AND CREDIT CARD DRAFT ACCOUNTS**

I/We hereby request the privilege of paying to ABC Financial Services, Inc., P.O. Box 6800 Sherwood, AR 72124, under the Company's Preauthorized Payment Plan and hereby request the Company to draw items (checks, electronic fund transfers, charge card) for the purpose of paying said payments, including any late fees or service fees, on the account of

Name - First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone - Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Employer \_\_\_\_\_ E-mail \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Credit Card Acct # \_\_\_\_\_ Exp Date: \_\_\_\_\_ / \_\_\_\_\_ Zip Code: \_\_\_\_\_ Security Code: \_\_\_\_\_

Checking - A VOID OR BLANK CHECK MUSTBE ATTACHED

Subject to the following conditions:

1. The items shall be drawn on or about the date or dates of the Promissory Note. The transactions on your bank statement will constitute receipts for payment on your account.
2. The privilege of making payments under this plan may be revoked by the Company if any item is not paid upon presentation.
3. If this preauthorization payment arrangement is revoked for any reason, this does not release you from your obligation (Promissory Note/Contract).
4. A service fee will be assessed and drafted for any check, draft, credit card or order returned for insufficient funds or any other reason.
5. The preauthorization payment arrangement shall apply to the following applicant.
6. **Your signature below authorizes all billings (membership, club account, etc.), currently outstanding and in the future, to be charged to the account listed above.**

Date \_\_\_\_\_ Guarantor Signature \_\_\_\_\_