



CHOI KWANG-DO

Optimum Health • Self-Defense • Personal Development
 11820 Belleville Rd Belleville, MI 48111 (734) 697-1950 www.grecackd.com

AUTOMATIC CHECKING ACCOUNT PAYMENT AUTHORIZATION FORM

In order to protect all parties, we require that you provide Greca Choi Kwang-Do (CKD Belleville Inc.) with this written and signed authorization to set up electronic checking account drafts for you. **Please include a voided check as this ensures all account and financial institution routing information is correct.**

Customer Information

Name			
Street Address	City	State	Zip
Phone			
Driver License #	State Issued		
Signer of Checks			

Financial Institution Information

Name of Primary Bank	Name on the Account
Bank Representative	Bank Phone Number
Bank Routing Number	Bank Account Number
Voided Check Submitted: YES / NO	

Note: If you bank at a credit union, please verify with your financial institution the correct bank routing and account numbers for use with pre-authorization drafts on your account.

The amount will be charged in _____ monthly installments of \$_____ beginning on _____.

All accounts will be charged on the due date which will occur on the 1st / 15th of each month.

The charges are for the purchase of _____ which I have requested **Greca Choi Kwang-Do** to provide.

The final payment (if applicable) will be charged on _____.

The total amount (if applicable) to be charged is \$_____.

I have read, understand, and agree to this authorization for a monthly bank draft. I hereby authorize **Greca Choi Kwang-Do** to electronically draft the account designated above monthly, not to exceed the amount agreed to as indicated above until the balance is paid in full and my contract fulfilled. I understand that I may pay off the remaining balance at any time without penalty. I understand that I am responsible for any account information changes and will notify **Greca Choi Kwang-Do** of any account changes that affect this authorization. I understand that this authorization **is valid until revoked in writing by the account holder** or until my contract with **Greca Choi Kwang-Do** has been fulfilled.

Customer Signature	Date
Greca Choi Kwang-Do Representative	Date
For Office Use Only	