

Authorization for Direct Debit of Payment

Today's Date: _____

Last Name **First Name** **M.I.**

Home Address **City** **State** **Zip**

Campus Address **City** **State** **Zip**

Check Routing Number: _____ **ACH Routing/Transit Number:** _____

Account Number: _____

Preferred Payment Deduction: **1st:** _____ **15th:** _____

I authorize Wayne State University to deduct my membership fees electronically from the above account on my preferred due date. I further authorize Wayne State University to deduct any additional service fees relation to my membership and to my timeline of payment from the same account. I understand that if I have insufficient funds to cover the cost of the membership fee, I will be assessed a \$25 insufficient funds fee. My membership will be suspended pending payment. I understand that my membership is a minimum of 12 months and this authority will remain in effect after a period of 12 months unless I cancel in writing. Memberships cancel within 30 days of notification. Rates are subject to change.

Member signature **Date** **Please Print Name**

Please contact the Mort Harris Recreation and Fitness Center's business office immediately if any of the above information should change

Please attach a voided check below.

For Office Use Only

ACH Routing/
Transit Number →

Name
123 Oak Street
Anytown, USA
PAY TO THE
ORDER OF _____ \$
DOLLARS

Date: _____ 1234

ACH R/T 123456789
Memo: _____ Signature: _____

I:123456789I: 000123456789I 1234

↑ ABA Check ↑ Account ↑ Check
 Routing Number Number Number

Down Payment Amount Paid
\$ _____

Monthly Debit Amount
\$ _____

Draft Start Date
____/____/____

Staff Initials _____

CAMPUS RECREATION



MORT HARRIS
RECREATION AND FITNESS CENTER

World-Class Experience

Wayne State University ■ 5210 Gullen Mall ■ (313) 577-2348 ■ rfc.wayne.edu