

Authorization for Direct Debit of Payment

Today's Date: _____

Last Name	First Name	M.I.
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Home Address	City	State	Zip
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Campus Address	City	State	Zip
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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
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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

Name 123 Oak Street Anytown, USA	Date: _____ 1234
PAY TO THE ORDER OF _____	\$
_____ DOLLARS	
ACH R/T 123456789 ← ACH Routing/Transit Number	
Memo: _____	Signature: _____
I:123456789I: 000123456789I 1234	

Down Payment Amount Paid
\$ _____

Monthly Debit Amount
\$ _____

Draft Start Date
____/____/____

Staff Initials _____

↑	↑	↑
ABA Check Routing Number	Account Number	Check Number



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