

Place VOIDED CHECK Here
or
Attach pre-printed documentation from Bank verifying
Name, Account # & Routing Information.



Automatic Debit Authorization

DRAFT AGREEMENT INFORMATION:

MUST PROVIDE VOIDED CHECK OR PRE-PRINTED DOCUMENTATION FROM BANKING INSTITUTION VERIFYING NAME, ACCOUNT NUMBER, AND BANK ROUTING NUMBER.

Bank Name Bank Phone Number

City State Zip Code

_____ Checking Account OR _____ Savings Account

ACCOUNT NUMBER:

ROUTING NUMBER:

Month to begin 1st draft is _____ **Circle ONE:** 1st or 15th of each month

Type of Membership: _____ **Single** _____ **Senior Single** _____ **Senior Couple**

_____ **Family** (# of members on account _____)

PRIMARY MEMBER'S NAME: _____

Please list names of any additional family on the account:

I hereby authorize the City of Muskogee - Swim & Fitness Center to electronically draft my bank account listed above for the monthly membership fee(s) payable to the Muskogee Swim & Fitness Center - Current rates will apply. **Insufficient Fund Policy:** A "Billing Alert" will be placed on member's account and current months dues must be paid upon next visit. If payment is not received the membership will be cancelled. Joining fees will be required to re-join in the future.

SIGNATURE: _____ **DATE:** _____