



## Authorization Agreement for Pre Authorized Transfer

### Automatic Withdrawal (ACH) PREFERRED (Please Attach a Voided Check)

Bank Name \_\_\_\_\_ Routing Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Birthdate \_\_\_\_\_  
(payments will be taken on the first day of the month)

**OR**

### Automatic Mastercard or Visa Monthly Payment- \$5.00 FEE/MONTH ADD.

Credit card type \_\_\_\_\_ CVV # \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on the Card \_\_\_\_\_

Billing Address \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Dancin' With Roxie to initiate the debit and/ or credit entries indicated below.

**Transfer Amount: Monthly Balance**

Customer Printed Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

X \_\_\_\_\_  
(Signature/Date)

**A \$25.00 Fee will be assessed on all returned Auto Payments**