



1800 West US-223, Adrian, MI 49221
 (517) 263-6232 • www.thecentre.info

Office Use Only	
Member No.	_____
Data entered:	<input type="checkbox"/> Repetitive <input type="checkbox"/> Next Draft Date
	<input type="checkbox"/> EFT Activated
Date & Initials	_____
Proofed by	_____

Authorization for EFT Membership Payment

Enroll in our Electronic Funds Transfer (EFT) payment program and pay for your membership in easy monthly payments. Please complete this form and attach a voided check. This form must accompany the Membership Registration Form and initial down payment. The down payment covers the Joiner's Fee and first two monthly dues. Your EFT payment will then be automatically deducted on the 15th of each month and applied to the upcoming monthly dues. Inquire at the Information Desk to receive the amount of your down payment and monthly EFT amount. **Note: EFT Rates are subject to change at any time with a 30 day notice.**

EFT Policies & Fees

EFT Reversal Fee: A \$15 nonsufficient funds charge will be assessed when applicable.

Stopping your EFT: The Membership Cancellation Form must be completed, signed, and returned 30 days prior to the transfer date.

I understand this EFT authorization involves a 12 month minimum membership commitment and will remain in effect until I have canceled it in writing with at least a 30 day notice. Any EFT Membership cancelled prior to twelve months will be subject to a \$100 cancellation fee.

I have read, understand, and agree to the above policies. _____
Initials

I hereby authorize the Centre to initiate debit entries from the account identified below on a monthly basis and to adjust that amount periodically to offset increased operational costs. Adjusting entries to correct errors are also authorized. It is agreed that these transactions will be made electronically through First Federal Bank under the rules of the Michigan Automated Clearing House Association. I acknowledge receipt of a completed copy of this authorization.

Member Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Signature _____ Date _____

[Staple Staple]

Attach voided check or printed document from financial institution for verification of routing # and account #.
(Required)

Name of Financial Institution _____ Routing Number _____ Account Number _____ Type of Account _____

OFFICE USE ONLY

Total Amount to be Withheld _____ First Pull Date _____ Member Number _____ Staff Signature _____