

DEBIT AUTHORIZATION FORM

I (we) hereby authorize Barracuda Swim Club of Northeast Tennessee (The Company) to initiate a charge entry to my (our) checking/savings account at the Financial Institution indicated below, and initiate adjustments (if necessary) for any transactions debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution Location (City and State)

Financial Institution's Routing/Tracking Number: _____
(Look between symbols |: |: on your check, nine-digit number)

Customer Signature Date

Customer Name (Please print)

SELECT ONE OF THE FOLLOWING:

Checking Account Number: _____

OR

Savings Account Number _____

SELECT ONE OF THE FOLLOWING:

Set Amount \$ _____

OR

Maximum Amount \$ _____

PLEASE ATTACH A COPY OF A CANCELLED OR VOIDED CHECK