



P.O. Box 102

Alton, IL 62002

Office Phone: (618) 466-1115

sportmemberinfo@gmail.com

Debit Authorization

I (we) hereby authorize **Summers-Port, Inc.**, hereinafter called COMPANY, to initiate debit entries for **Annual Dues (up to 4 payments January through April)** to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

(Financial Institution Name)

(Address) (City/state) (Zip)

(Routing number) (Account number) Type of Acct: ____ckg ____svg

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FIANACIAL INSTITUTION a reasonable opportunity to act on it.

(Print individual name) (Signature)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM

Please indicate your monthly payment option below.

Example:

\$110 per month 4 Months Total \$440

Payments can be spread across 2,3 or 4 Months (Jan through April).

Dollar Amount/Month

of Months

Total
