



Membership Electronic Fund Transfer Authorization Form

Name: \_\_\_\_\_ Member  
# \_\_\_\_\_

Bank Name: \_\_\_\_\_ Member phone  
# \_\_\_\_\_

Checking Account\_\_\_\_ Savings Account\_\_\_\_

**A voided check and first month's fees are required at the time of joining.**

I authorize Mississippi University for Women to initiate and my financial institution to honor an automatic bank draft each month in the amount of \$\_\_\_\_\_ for Campus Recreation membership fees. This draft will occur on the 10th day of each month.

I understand that I am making a one year commitment, and at the end of one year I will have the option to renew or cancel my membership. I also understand that my draft will still be drawn from my account until a written cancellation notice is provided for Campus Recreation. If I choose to cancel my membership before my one year commitment is up a \$75 fee will be assessed. I also understand that if payment is denied due to insufficient funds, my membership will be suspended and I will be responsible for the monthly payment plus a \$15 missed payment fee in addition to any banking fees charged to the university. My membership will remain suspended until all fees are paid.

I understand that I am responsible for notifying MUW Campus Recreation of any account information changes no later than 15 days prior to the draft date.

*My signature signifies that I have read and understand the above agreement.*

**Signature**

\_\_\_\_\_

Date \_\_\_\_\_

**Staff member signature**

\_\_\_\_\_