



Aikido of Champlain Valley

257 Pine St. Burlington, Vermont 05401

w w w.aikidovt.org

(802) 951-8900

Electronic Fund Transfer Authorization (ACH) for Monthly Membership Fees

If you would like to authorize Aikido of Champlain Valley to deduct your monthly dues payments by automatic deduction please:

1. Complete the form below, printing on two separate pages (for confidentiality, we destroy this page). If your account is a joint account, both account holders must sign this form.
2. Attach a voided, unsigned check to the form.
3. Return the original form and the voided check to Aikido of Champlain Valley.

Add Delete Change

Name of student (if a family, please include all family members currently training):

Address: _____
City: _____ State: _____ Zip: _____
Phone: _____

Financial Institution Information

Bank Name: _____
Account Owner: _____
Account Type (checking or savings): _____
Bank Address: _____
City: _____ State: _____ Zip: _____
Routing # (9 digits) _____
Account # _____

ATTACH VOIDED CHECK HERE

Aikido of Champlain Valley is a 501(c)(3) non-profit organization. We do not discriminate on the basis of race, color, gender, ethnicity, religion, sexual orientation or nationality in our admissions or employment.

- 1. Amount to be debited for 3 month Introductory Series Special (for new students only) _____
 - 2. Amount to be debited for Monthly Membership dues: _____
 - 3. Amount to be debited for the Youth at Risk Aikido Program (an optional tax-exempt charitable donation that will support low-income students): _____
- Total amount to be debited per month (**add only lines 2-3**): _____

- 1. ***New students without prior Aikido training*** please complete this section ***only*** if you choose to take advantage of the three month introductory series special rate, and have never practiced aikido. If you have already practiced Aikido (at our *dojo* or elsewhere), please go to section #2.

I hereby authorize Aikido of Champlain Valley to debit the total amount of (\$_____) in order to pay the three month introductory membership rate. Further, I understand that Aikido of Champlain Valley will automatically adjust to the regular monthly deduction on (____/____/____) to (\$_____) per month in order to pay for monthly membership dues. Aikido of Champlain Valley will be allowed to deduct this amount unless the member agrees to adjust the membership fee in writing. Deductions will be automatically made on the first business day of the month.

- 2. As a member of Aikido of Champlain Valley, I hereby authorize Aikido of Champlain Valley to debit the total amount of (\$_____) per month beginning on (____/____/____) in order to pay for monthly membership dues. Aikido of Champlain Valley will be allowed to deduct this amount unless the member agrees to adjust the membership fee in writing. Deductions will be automatically made on the first business day of the month.
- 3. If you choose to leave the Aikido of Champlain Valley and/or no longer wish to pay by electronic fund transfer, then the student(s) needs to notify the dojo at any time but no less than three business days before the end of the month in order for us to cancel your account. You will also need to complete an exit form explaining why you are leaving. Exit forms are available at the front desk and on our website, www.aikidovt.org on the "Members"page.
- 4. If you do not properly notify us on or before the last three business days of the month, Aikido of Champlain Valley will automatically debit your account for the following month. This amount is non-refundable.
- 5. If you order us to stop or change a preauthorized transfer three business days or more before the transfer is scheduled and we do not do so, we will be responsible to credit you the following month(s) amount.

I/we, (Print name) _____ agree to the above terms and hereby authorize Aikido of Champlain Valley to initiate entries to my (our) checking/savings accounts at the financial institution listed above (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Aikido of Champlain Valley is notified by me (us) in writing no less than three business days before the end of the month, as to afford Aikido of Champlain Valley and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

I/we have read this document and all of its terms and conditions, and I/we acknowledge that I/we fully understand the terms and conditions of participation.

Signed: _____ Date: _____

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