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International Traditional Karate Association

5945 W. Irving Park Rd Chicago, IL 60634 www.itka-karate.com773 283-8200

**ACH Recurring Payment Authorization Form**

Schedule your payment to be automatically deducted from your checking or savings account.  
Just complete and sign this form to get started!

**Recurring Payments Will Make Life Easier:**

* It’s convenient (saving you time and postage)
* Your payment is always on time (even if you’re out of town), eliminating late charges

**Here’s How Recurring Payments Work:**

You authorize regularly scheduled charges to your checking or savings account. You will be charged the amount indicated below each billing period. Your monthly charge will appear on your bank statement as an “ACH Debit.” You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize International Traditional Karate Association to charge

My bank account indicated below on the \_\_\_\_\_\_\_\_ of each month for payment of my membership, at

a recurring amount of (optional, add $\_\_\_\_ contribution to support student in need ) total $\_\_\_\_\_ Start Date: Month Day Year . End Date: Month Day Year, this agreement is for period of minimum of

one years from start of first payment.

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Account Type:  Checking  Savings  Name on Acct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  check_crop  Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Account Number Please write on separate paper  Bank Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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I understand that this authorization will remain in effect for one to three years which ever I choose; Payment may be cancel due to reasonable cause such as death, disability, relocation of farther than 25 miles distance from any of ITKA of affiliate locations. ITKA needs to be notified in writing. I agree to notify International Traditional Karate Association in writing of any changes in my account information or reasonable termination of this authorization at least 15 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that International Traditional Karate Association may at its discretion attempt to process the charge again within 30 days, and agree to an additional $35 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I agree not to dispute this recurring billing with my bank so long as the transactions correspond to the terms indicated in this

Authorization form. I agree to be responsible for any collection costs and or lawyer fees incurred as a results of my failure to comply with this agreement

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_

Agreement

Fee Schedule:

(1) The contract may be canceled by the customer within three business days after the first business day after the contract is signed by the customer, and that all monies paid pursuant to said contract shall be refunded to the customer. For the purposes of this Section, business day shall mean any day on which the facility is open for business. A customer purchasing a plan at a facility which has not yet opened for business at the time the contract is signed, or who does not purchase a contract at an existing facility, shall have seven calendar days in which to cancel the contract and receive a full refund of all monies paid. The customer’s rights to cancel described herein are in addition to any other contract rights or remedies provided by law; (2) in the event of the relocation of a customer’s residence to farther than 25 miles from the center’s facilities, and upon the failure of the original center to designate a center, with comparable facilities and services within 25 miles of the customer’s new residence, which agrees to accept the original center’s obligations under the contract, the customer may cancel the contract and shall be liable for only that portion of the charges allocable to the time before reasonable evidence of such relocation is presented to the center, plus a reasonable fee if so provided in the contact, but such fee shall not exceed 10% of the unused balance, or $50, whichever is less; and (3) if the customer, because of death or disability , is unable to use or receive all services contracted for, the customer, or his estate as the case may be, shall be liable for only that portion of the charges allocable to the time prior to death or the onset of disability. The center shall in such event have the right to require and verify reasonable evidence of such death or disability. All refunds to which a customer or his estate is entitles shall be made within 30 days or receipt by the center of the cancellation notice

(b) Every contract for physical fitness services shall provide that notice of cancellation pursuant to subsection (a) of this Section shall be made in writing and delivered by certified or registered mail to the center at the address specified in the contract.

Students / Parent’s (under 18) Signature Print Name

ITKA Representative’s Signature Print Name