

# DYNAMIC

## ATHLETICS

### Automatic Payment Agreement

**Payment Method:**

***ACH:***

Bank Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Name on the Account: \_\_\_\_\_

Name of the Institution: \_\_\_\_\_

***Credit Card:***

Cardholder Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ CVV Number: \_\_\_\_\_

I, \_\_\_\_\_, authorize Dynamic Athletics to charge my credit card or ACH debit above for training on the 1<sup>st</sup> of each month. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature\*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Training Start Date

**For more information or questions please contact Deanna Stith at (714) 442 - 2355**

\*by typing your full name as an electronic signature you are agreeing to the full terms of this document