

BODY SPECS (EFT) Authorization

I authorize Body Specs to electronically transfer funds from by debit card or charge my credit card to pay for training sessions (as chosen below) on the first [1st] of each month.

I understand adjustments may involve credits to my account. I also understand that Body Specs will not send me an invoice before scheduled deductions and that it is my responsibility to ensure that sufficient funds are in a the account at the time of each scheduled deduction. Insufficient funds or declined card may result in suspension in of services or you may be asked to pay by cash or money order. If at anytime I wish to cancel this privilege or make changes to my bank or credit card information, I will contact Body Specs 734.827.2744. Body Specs reserves the right to refuse or terminate automated payment service at any time.

SESSION #/

I would like Body Specs Inc to deduct my payment of _____ on the 1st of each month.

CREDIT CARD/DEBIT CARD#/EXP. DATE

CARD TYPE

NAME ON CARD

Choose Option

- Please debit my account for the installment due. (No payment enclosed)
- I have enclosed payment, begin next month
-

Authorized Signature on the account (required)

Date _____