

Credit Card Recurring Payment Authorization Form

Curves For Women

1100 US 127 South, Frankfort, KY 40601
502.223.3600

DRAFT AUTHORIZATION

Bank or Credit Card Information: (Name, City and State)

Routing Number: _____

Checking _____ Savings _____ Credit Card _____

Please pay and charge to my account all drafts by Curves to its own order once each MONTH in the amount of \$ _____ beginning _____.

This authorization will remain in effect until canceled by me in writing and until you actually receive such notice, I agree that you shall be fully protected in honoring any such draft.

I agree that your treatment of each such draft, and your rights in respect to it, shall be the same as if it were signed personally by me.

Date: _____

Signature: _____

Account Number: _____