

Chamberlain Studios of Self Defense™

Changes to Electronic Funds Transfer (EFT) Authorization

To protect both you and your account information, No Changes will be made to an account without your express written direction authorizing such changes. Drafting is done on the 5th of the month for the current month.

Today's date: _____

Student Name	Name/Type of Class	Monthly Amount
1		\$
2		\$
3		\$
4		\$
5		\$
New total monthly amount to be billed to my account on the 5 th of the month		\$

Previous amount of monthly EFT draft: \$ _____

New amount of monthly EFT draft: \$ _____

I would like these changes to take effect starting on the 5th of: _____

Reason for change: _____

I (We) hereby authorize **Chamberlain Studios of Self Defense™ (CSSD)**, herein after called company, to initiate DEBIT entries &/or correction entries to our [] Checking [] Savings account indicated below, at the depository named below, herein after called DEPOSITORY, to credit the same such account.

*Depository (Bank) Name: _____ City: _____ State: _____

*Bank Transit - ABA #: _____ *Account #: _____

This Authorization is to remain in full force until **CSSD** has received 30 day written notification from me of its termination in such a manner as to afford **CSSD** and DEPOSITORY reasonable opportunity to act upon it. **CSSD** issues a \$35 charge for insufficient funds. I understand that this does not include any charges that may be incurred by my bank.

Name: _____

Date: _____

Signature: _____

To be retained in company file until termination Drafting is done on the 5th of the month.