

SuperSlow Zone Institute (SSZI) Membership
Installment Payment Agreement (Form)
Automatic Bank Draft Authorization For
SSZI Members

Please fax a signed form, with a voided check or deposit slip to
(503) 304-2960 – Press Your 'Start Key' During the Message
For Questions, Talk to Roxie The Registrar at (503) 304-2960

SSZI Member Name: _____

Name As It Appears On Your Bank Account : _____

Bank Name: _____ Bank Location: _____

Account # _____ Bank Routing #: _____

Account to be drafted for <u>10 months</u> .
Amount of monthly draft: <u>\$23.50</u>
Total Charges: \$235.00 over 10 months
1 st Draft Date: ____/____/____
Final Draft Date: ____/____/____

I authorize SuperSlow Zone, LLC, acting as the SSZI agent, to deposit pre-authorized checks drawn against my account as specified above. This is a binding contract between *Super Slow Zone, LLC* and SSZI and the below signor acknowledging responsibility for payment of services rendered. In the event that I should close my checking account, I acknowledge my responsibility to provide new checking information to this practice within 15 days of the date a draft is due. I recognize that default of this contract may expose me to civil or criminal penalties.

Signature of Account Holder (**Signature**) **Please Print Your Name** _____
Date

_____ (Signor's Initials) In the event of a returned draft, your account will be debited for the amount of the draft. In addition your account will be debited for a processing fee of \$25.00, plus applicable sales tax.

Please retain a copy of your signed form for your records.

(Please attached voided check or deposit slip from <u>this account</u>)
