## Safety Center Auto Pay Authorization Form

With a one-time enrollment, your payments can be either sent directly from your financial institution to AutoPay or directly debited to your credit card – on time, every month, safely, conveniently, and automatically. Payments will be charged and/or withdrawn on the 1st and 15th of each month.

Company Information									
Company Name						Account Number			
· '							<u>.                                    </u>		
Contact Name									
Email:									
Phone Number						FAX:			
Company Address:					City:	City: State: Zip:			Zip:
Type of Service/Product Authorized for Auto Pay									
☐ Membership Renewal ☐ Class Registration ☐ Video/DVD Shipping ☐ Video/DVD Rental ☐ Mannequin Rental									
Payment Information									
Credit Card Charge Checking Account Transfer									
Credit Card Number:					Account Number:				
□Visa □MasterCard □ AMEX □Discover					Name of Bank:				
City:	State:		Zip:		Check Nu	mber:			
EXP Date:	Date: VVV:				Routing Number:				
Please review this statement, then sign and date the form: You hereby authorize Safety Center Incorporated, to initiate a charge and/or debit entries in the bank account identified above for amounts due and owing to Safety Center Incorporated, including registration fees, rentals, applicable taxes, and shipping/handling charges. You agree to notify Safety Center Incorporated as soon as possible if your bank account information changes. You remain responsible for making payments to Safety Center Incorporated if the funds cannot be charged and/or automatically debited from your bank account. In addition, if sufficient funds are not available when a payment is due, you agree to pay Safety Center Incorporated by cash or money order, the outstanding balance plus a returned check fee. You agree that this authorization will continue until such time as you cancel or terminate your participation in the Safety Center Incorporated AutoPay Program by providing Safety Center Incorporated notice at least fourteen (14) business days before the next applicable payment date. These services may be cancelled or modified by Safety Center Incorporated at any time without notice.									
Client Signature:							Date:		
Staff Signature:							Date:		

Safety Center Nor Cal

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