

Credit/Debit Authorization Form

I (we) hereby authorize Deep Spring Center (*The Company*) to initiate a (***select one:*** CHARGE or CREDIT) entry to my (our) checking/savings account at the *Financial Institution* indicated below, and initiate adjustments (if necessary) for any transactions credited/debited in error. This authority will remain in effect until The Company is notified by me (us) in writing to cancel it in such time as to afford The Company and Financial Institution a reasonable opportunity to act on it.

Name of Financial Institution

Location (City, State)

Financial Institution's Routing/Transit Number: _____

(Look between symbols " | : " on your check.)

Customer/Employee Signature

Date

Customer/Employee Name (Please Print)

Checking Account Number: _____

OR

Savings Account Number: _____

If your account is to be charged, you may select one of the following:

Set Amount \$ _____

OR

Maximum Amount \$ _____

Please deduct \$ _____

monthly bi-monthly quarterly (circle one)

Please Attach a Copy of a Canceled Check

Mail completed form and copy of cancelled check to:
Deep Spring Center
3003 Washtenaw Ave. #2
Ann Arbor, MI 48104