

Bank Draft (Debit)
Authorization Agreement

I (we) authorize Blount Area Swim Team (BLAST) and the financial institution listed below to electronically debit my (our)

Checking Savings account specified below:

Bank Name	Branch Location
City State	Zip Code
Bank Transit/ABA Number	Account Number
First of the month	Start Date

This authority is to remain in full force and effect until BLAST and First Tennessee Bank have received written notification from me (or either of us) of its termination in such time and in such manner as to afford BLAST and First Tennessee Bank a reasonable opportunity to act on it. A copy of this Authorization Agreement must be given to the customers and will be provided by BLAST, upon request, to First Tennessee Bank.

Customer Name (Print)	Social Security Number
Signature	Date

Please staple to this form a voided check to verify bank account information for drafts from a Checking Account or a deposit slip for drafts from a Savings Account.

BLAST PAYMENT TERMS AND TERMINATION POLICY:

Payment in full on accounts will be drafted on the 1st of each month, September through August. A \$25 fee will be assessed for insufficient funds. Swimmers with past due accounts will not be allowed to practice or participate in team sponsored events. WRITTEN NOTICE IS REQUIRED FOR ANY SWIMMER LEAVING BLAST. NOTICE MUST BE RECEIVED BY THE 5TH OF THE CURRENT MONTH TO AVOID INCURRING TRAINING FEES FOR THE FOLLOWING MONTH.

I understand and agree to the above terms and conditions.

Signature	Date
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**Attach VOIDED CHECK (Checking Account)
or DEPOSIT SLIP (Savings Account)**