

TACOMA AIKIKAI
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253-257-9177

Recurring Payment Authorization Form

Schedule your payment to be automatically deducted from your bank account, or charged to your Visa, MasterCard, Discover Card. Complete and sign this form to get started. **To avoid credit card fees, our preferred method of payment is electronic check (EFT).**

How it works:

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit" or on your credit card statement. You agree that no prior notification of billing will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Tacoma Aikikai to charge the account
(full name)

indicated below for my payment of, \$ _____ on the _____ of each month for payment of my
(day or date)
regular monthly membership dues.

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Checking/ Savings Account (preferred)

Checking Savings

**Please attach a cancelled check, or enter your card information on the Zen Planner online portal. You will receive a login email once your registration is complete.

Credit Card

Visa MasterCard
 Discover

**Please enter your card information on the Zen Planner online portal. You will receive a login email once your registration is complete.

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Tacoma Aikikai in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Tacoma Aikikai may at its discretion attempt to process the charge again within 30 days. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.