



1-800-525-8967

ASF Electronic Funds – Automatic Payments Authorization

Client # \_\_\_\_\_

Member Acct. # \_\_\_\_\_

I hereby authorize ASF International (ASF) to debit the amount of my dues each month from my bank or credit card account number listed below. This Agreement is also authority for ASF to debit such bank or credit card account each month until this Agreement is terminated by me. I further authorize ASF to adjust the amount of monthly dues debited from my bank or credit card account to correspond to the terms outlined in my agreement, should such agreement call for variations in my payment amount. I understand that I am in full control of this electronic method of payment, and that should I choose to discontinue this method of payment, I will simply advise ASF in writing, a minimum of 5 days prior to my scheduled debit date. Please check appropriate box:  Checking  Savings  VISA  MasterCard  AMEX  DISCOVER

PLEASE PRINT CLEARLY

Name(s) as it appears on account \_\_\_\_\_

Bank Name \_\_\_\_\_ Branch (if any) \_\_\_\_\_

Bank (Branch) Address \_\_\_\_\_ Bank Area Code and Phone # (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Account Holder's Bank Account # or Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
(If Credit Card) Month/Year

Name of Account Holder \_\_\_\_\_ PLEASE PRINT \_\_\_\_\_  
FIRST LAST

Number of Payments \_\_\_\_\_ Amount of Payment \$ \_\_\_\_\_ 1st Due Date \_\_\_\_\_

Date: \_\_\_\_\_ Account Holder's Signature: \_\_\_\_\_

Note: Be sure to attach your VOIDED CHECK from the account you wish to use.