



Fighting Dragons School of Martial Arts LLC

Payment Plan Authorization Form

Consumer Information

Name (First Middle Last)	Email Address
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Payment Plan

Payment Due Every <input type="checkbox"/> Day(s) <input type="checkbox"/> Week(s) <input type="checkbox"/> Month(s)	Start Date (M/D/Y)* / /	End Date (M/D/Y) / /
Payment Amount	Total Due to Service Provider	Number of Payments

Consumer Bank Information

Bank Name	Bank Phone
Bank Address	
Routing Number	Account Number

Payment Authorization

I understand and authorize Merchant above to create a demand draft or initiate automatic debits to my account as identified above pursuant to the terms stated herein. I also authorize Merchant above to make deposits to this account in the event that a debit entry is made in error. I understand that my bank statements will reflect a newly created check number, the dates cleared and display Merchant above as the payee.

I understand any additional amounts can be applied with a new authorization form and expressly consent to the creation of a new draft or debit in connection with these additional amounts. All other changes such as payment amount, frequency or bank account number change, will require a new Payment Authorization Form to be completed and submitted to Merchant above no fewer than fifteen (15) days prior to the implementation of any change.

This agreement will remain in effect until Merchant above receives a written notice of cancellation from me allowing "[# of days]" to process my request, or until my account has a zero balance with Merchant above. Should I cancel the Agreement with Merchant above prior to the expiration of the Contract Term, I agree to permit Merchant above to create a demand draft or initiate an automatic debit to my account for the amount due and owing under said Agreement, including any and all cancellation fees as provided therein.

I represent and warrant that I am authorized to execute this payment authorization to the Financial Institution named above. I hereby agree to defend, indemnify and hold the Service Provider, the bank, and Merchant above harmless from damage, loss or claim resulting from all authorized actions hereunder.

Consumer Signature	Date
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* Start date must be at least 15 business days from the date form is sent.

A cancelled or voided check from the consumer's bank account must be stapled to this authorization form.

Please attach a copy of your driver's license to this form.