

Missouri Chiropractic Legal Defense Fund

Authorization Agreement for Direct Debits from Banking or Credit Card Accounts

400 Biltmore Dr #407 ♦ Fenton, MO 63026 ♦ (636) 305-3708 ♦ Fax: (636) 305-3400

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Recurring Monthly Amounts

\$100 _____ \$200 _____ \$500 _____ Other \$ _____

Bank Account Information - Attach Voided Check

Bank Name and Branch _____

City _____ State _____ Zip _____

Account Number _____ Bank Transit/ABA Number _____

Credit Card Information

Discover MasterCard Visa

Card Number _____

Expiration Date _____ Security _____

Billing Address (If Different than Above) _____

City _____ State _____ Zip _____

As a convenience to me, I hereby request and authorize Missouri Chiropractic Legal Defense Fund to pay or charge my checking account or credit card via electronic debits, checks or drafts, drawn on my account indicated above by and payable to the order of the Missouri Chiropractic Legal Defense Fund, provided there is sufficient collected funds in said account to pay upon presentation. I agree that the Missouri Chiropractic Legal Defense Fund rights in respect to each such draw shall be the same as if it were a check drawn on you and personally signed by me. Furthermore, if this option is selected, I request and authorize the Missouri Chiropractic Legal Defense Fund to charge my credit card account, providing there is sufficient availability on my credit card account to pay upon presentation. This authorization is to remain in full force, on a monthly basis, until the Missouri Chiropractic Legal Defense Fund has received a written notification from me of its termination in such a manner as to afford the MISSOURI CHIROPRACTIC LEGAL DEFENSE FUND, the BANK, and/or the CREDIT CARD COMPANY reasonable opportunity to act on it.

Name _____ Date _____