

ACH DEBIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT –FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

COMPANY NAME:

KNOXVILLE FLYERS, INC.

I hereby authorize : KNOXVILLE FLYERS, INC.

hereinafter called COMPANY, to initiate debit entries to my Checking or Savings account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit the same to such account.

NOTE: The dollar amount showing due on the current Knoxville Flyers statement will be drawn from account indicated below on the fifteenth (15th) of each month according to the terms of said statement. If debit cannot be made due to Insufficient Funds, member's flight account will be placed on suspension according to the policy specified in the Club By-Laws.

DEPOSITORY NAME & ADDRESS

Foothills Bank & Trust, 11216 Kingston Pike Knoxville, TN 37934

TRANSIT / ABA NUMBER

CHECKING

SAVINGS

ACCOUNT NUMBER

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I have the right to stop payment of a debit entry by notification to COMPANY at such time as to afford COMPANY a reasonable opportunity to act on it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited back to my account provided I send written notice of such debit entry in error to COMPANY within 15 days following issuance of the account statement or 60 days after posting, whichever occurs first. I acknowledge that any pending resignation from the Knoxville Flyers, Inc. can only be approved once the members account is in good standing and all current account balance is brought to zero (\$0). Till approval granted by Board, member is responsible for all dues, fees and flight expenses incurred.

Please attach a voided check for account verification purposes.

Airman Certificate #

DATE OF ISSUANCE

NAME (PLEASE PRINT)

NAME OF MEMBER (If Not Account Holder - PLEASE PRINT)

 SIGNATURE

DATE

KFI-001-02-13

INSTRUCTIONS:

1. Complete the form entirely above.
2. Form must be signed and dated.
3. Write "VOID" on a check from your checking account. *(Not necessary if you are using a savings account to pay for services)*
4. Scan both the above form and voided check.
5. Email the scanned documents to Treasurer.KFI@knoxflyers.com.
6. All members are required to participate in the ACH or Credit Card (CC) payment plans.

NOTE: Knoxville Flyers will no longer process checks sent to the PO Box after 1/1/14. There is no charge to KFI members who utilize the ACH payment option. All fixed costs are absorbed by the club. Those who choose the CC payment option will have to cover an additional process fee of 1.67% on the statement balance charged by the accounting software Quick Books.

BRADLEY C. JONES
321 MAIN STREET, APT. 307
YOUR TOWN, STATE 09678-6432
(605)123-0987

9-88781234 0301

DATE _____

PAY TO THE ORDER OF _____ \$ _____

YOUR FINANCIAL INSTITUTION
45678901 USA

FOR _____

⑆ 1234567890⑆ 1234567890 0301

Routing / ABA Number Bank Account Number Check Number