

**Authorization For Electronic Payment
Girls on the Run (GOTR) Participation Fee**



I authorize the LIFE CENTER of the Greenville Health System to automatically debit my [] checking [] savings account for Girls on the Run registration fees of \$__49.75/month for 4 months totaling \$199. The bank draft will occur on the 15th of each month (or the next business day thereafter, if the 15th is not a business day or is a bank holiday).

Select spring or winter season for bank draft below:

___Feb., Mar., Apr., May 20___ or ___Sep., Oct., Nov., Dec. 20___

It is understood that I may cancel this agreement by providing a written notice of cancellation within 4 weeks of the GOTR program start date ___/___/____. Cancellation must take place 10 days prior to the date the money will be withdrawn. No cancellations will be permitted after ___/___/____.

Print Name on Bank Account

Sign as You Sign Checks

Bank Name

Branch Location

Account Number

Routing Number

Name

Date

Address

#_____
Cell Phone

City, State, Zip Code

#_____
Home Phone

#_____
Work Phone

Girls on the Run account: 22-7465

Attach Voided Check Here
