



Team National, Inc.

8210 W. State Rd 84, Davie, FL 33324 Fax: 954-584-5996

Electronic Funds Transfer for Automated Clearing House (ACH) Payment Option Form

Please Note: This form is only to be used for the Membership Purchase and for the payments of the Financed Memberships.

Authorization Agreement for Debiting

I, the authorized signatory below, have full power and authority to act on behalf of the entity below. As such, I hereby authorize and request Team National, Inc. ("Team National") to make debits according to the Membership Agreement via ACH to the bank account indicated on the attached pre-printed check or savings deposit form. If the Membership is purchased with a down payment and monthly payments, I also authorize subsequent debits in the amount of the payments on the Membership Agreement. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. If an erroneous debit occurs, Team National shall have the right to make any necessary adjustments to the bank account to correct the erroneous entry. I will hold Team National, Inc. harmless and without liability for the inaccuracy of any debits.

I may terminate this request at any time in accordance with the Membership Agreement.

Instructions: 1. Write VOID on the check and attach it to this form. 2. A company name on the check must match the name on this form. 3. We cannot accept starter checks. 4. Fax this form along with the Membership Agreement, IMD Agreement, and the Disclosure Agreement to 954-584-5996.

Attach Voided Check here.

Please complete following information: FULL AMOUNT: _____ or
DOWN PAYMENT AMOUNT: _____ If financing, MONTHLY PAYMENT AMOUNT: _____

Routing Number on Bottom of check	Account Number on Bottom of check
Company Name (if applicable)	Company Tax ID Number (if applicable)
Authorizer's Name (Last First, Mi):	Authorizer's Title:
Address:	Phone Number:
City:	State, Zip Code:
Email Address:	Fax Number:
Authorized Signature:	Date: