Chamberlain Studios of Self Defense™





To protect you and your account information, No Changes will be made to an account without express written direction on this document authorizing such changes. Drafting is done at 12:01 am on the 1st of the month for the current month.

This document authorizes the new monthly draft amount shown below and will remain in full force until CSSD has received 30 day written notification from me of its termination, in such a manner as to afford **CSSD** reasonable opportunity to act upon it.

Today's date: I would like these changes to take effect starting on the 1 st of:		
Student Name(s)		
1	4.	
2	5.	
3.	6.	
Previous amount of monthly auto draft: \$ New amount of monthly auto draft: \$ Reason for change:		
I (We) hereby authorize Chamberlain Studios of Self Defense™ (CSSD), to charge our Credit Card account indicated below.		
Cardholders Name:	Signature:	
Address:		
Credit Card Type: VISA MASTERCARD DISCOVER		
Credit Card Number:		
Expires:/ Billing ZIP Code:	VISA VISA VISA	Card Identification Number
Credit Card ID Number (last 3 digits on the back of t	the card): visa	
OR:		
I (We) hereby authorize Chamberlain Studios of Self Defense™ (CSSD), to initiate DEBIT entries & / or correction entries to our [] Checking [] Savings account indicated below, at the depository named below, herein after called DEPOSITORY, to credit the same such account.		
*Depository (Bank) Name:	City:	State:
*Bank Transit - ABA #:	*Account #:	

Drafting is done on the 1st of the month for recurring charges. *To be retained in company file until termination*

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE

Lakewood Dojo: 2114 Kidwell St., Dallas TX 75214 Bachman Dojo: 2739 Bachman Drive, Dallas, TX 75220

T: 214-351-5367 F: 214-366-3916 W: DallasKenpo.com