



FHC
Cathance Fitness Center
1201 Main Street
Bowdoin, ME 04287

Tel: 207-666-5651 ex 1000

EFT-Authorization Form

**Voided Check or Savings Deposit
Slip Required with this Document**

Name:

Address:

Telephone No.:

EFT Amount:

\$ _____

Account Type: (Savings or Checking)

CHECKING:

Member Bank ID #:

Routing # (9 digits) located on bottom of check

Member Bank Acct #:

Acct # located on bottom of check

SAVINGS:

Member Bank ID #:

Routing # (9 digits) located on bottom of check

Member Bank Savings Acct #:

Acct # located on Deposit Ticket

By signing this document, I am authorizing FHC, Inc.
to deduct from my account on the first Friday of each month.

Signature:

Date:
