



AUTHORIZATRIION AGREEMENT FOR ELECTRONIC FUNDS TRANSFER

I (we) _____, authorize The Firm Industries, LLC d/b/a Dogma Athletica (“Dogma Athletica”) to initiate debit transactions to my (our) specified account indicated below at the depository financial institution named below 9hereinafter called “Depository”), for the payment of my (our) monthly membership dues. I (we) understand that debit transactions will occur within four (4) business days of the premium due date. This is for the payment which is due on the first of each month.

This authorization is to remain in full force and effect until Dogma Athletica has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Dogma Athletica and Depository a reasonable opportunity to act on it.

In the event I make any changes to my banking arrangements, I understand that I must notify Dogma Athletica to effect the changes for payment collection. All changes will be reported fifteen (15) days prior to the effective date of the change.

Depository name: _____ Branch: _____

City: _____ State _____ Zip: _____

Account type: Checking Account _____ Savings Account _____

Routing Number: _____ Account Number _____

Name(s) _____

Membership Number: _____ Date _____

Authorized Signature (s): _____

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVODKE THE AUTHORAIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZTION.