



Billing Information Change Form

Contract Buyer's Name _____ Scan Card # _____

Additional Members' Names _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Birth Date ____/____/____

Authorization for Electronic Funds Transfer

I hereby authorize Focus Climbing Center LLC to initiate debit entries to the Credit Card, Checking or Savings Account named below, and/or adjustments for any debit entries made in error. I hereby authorize the financial institution named below to credit and/or debit the same to such account. This authorization is to remain in full force and effect until Focus Climbing Center LLC has received written notification from me of its termination.

Credit/Debit Card

Name As It Appears On Card _____

Credit Card Number _____

Expiration Date (MM/YY) ____/____

Contract Buyer's Signature Date ____/____/____

For Office Use Only

Processed by _____ Date Processed ____/____/____

Amount Past Due \$ _____ Amount Collected \$ _____

Date Electronically Submitted ____/____/____ Submitted By _____