

Bank Draft Authorization Form

Customer/Member ID #:			
Drivers License # of Authorized Account Holder		Issuing State	Date of Birth (month/day/year)
Member or Preferred Customer Name	(Last	First	MI)
Home Phone #	Cell Phone	e #	Fax Phone #
Address			
Email Address			
Chose one or more of the following option Auto Payment Program; I authorize Over The check, each month in the amount of \$ (and charges and sales tax). Draft will automatically occur by written notice to Over The Horizons, which must be avoid the monthly/yearly membership fee and the coentirety. No order will be processed if the order total Miscellaneous product purchase(s); I authorized voided check, each month in the amount of \$ shipping charges and sales tax). Over The Horizons amount authorized in this paragraph. This authorized All Checks must have the account name, account not over The Horizons will not accept checks drawn on or check is returned, I agree to pay a service charge additional cost due to collection of debt as permitted immediately. Over The Horizons will pursue check in check draft method may result in orders being held to Authorized Signature	Horizons to autord up to an addition on or about the pereceived no laborresponding draft exceeds the amount of the control of	anal 15% to account for order anniversary date. I may ter than the 5:00p.m. CST at for the subsequent month ount authorized in this paraset ons to automatically draft manadditional 15% to account account with my verbal authoritial I cancel this authorization authoritial to a decount holder's the United States. Attach a woother service charges if the w. Any orders attributed to an it insufficient funds to the c	er variations plus all applicable shipping minate this auto draft authorization at any time 2 days before the anniversary date, in order to /year. This form must be completed in its graph. By checking account, identified by the attached for order variations plus all applicable rization to pay for products up to the maximum in writing. By name and address printed on the check, bided check below. In the event that any draft amount mandated by state law as well as any a returned check will be cancelled

Over The Horizons C/O Cust Accounting & Account Receivable Den

Tape Voided Check Here
Order Will Not Be Processed Without Voided Check