



**BILLING CHANGE FORM**

Participant Name (Please Print) ID #

Home Address City State & Zip Code

Email Address Phone #

Change applies to (circle all that apply): Membership Flyers

**NEW BILLING INFORMATION:**

**CREDIT CARD DRAFT:**

Date that account will be drafted: 1<sup>st</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_

Type of Credit Card to be Charged (Check One): ( ) Visa ( ) Mastercard ( ) Discover ( ) Amex

Credit Card Number Expiration Date (mm/yy) CVV Number

Name on the Credit Card \$ \_\_\_\_\_ Amount

I authorize Leroy Springs & Company, Inc. (LSC) to initiate charges to my credit card account. I authorize the credit card company named to accept these charges to my credit card account. This authorization is to remain in effect for the duration of your membership. To cancel this automatic payment, I must provide written notice of cancellation to LSC not less than **30 days** prior to the next scheduled payment. LSC may terminate this payment plan upon notice of two (2) declined transactions. LSC reserves the right to cancel this agreement without prior written notice. LSC will notify me of any changes in the dollar amount charged to my account. LSC shall not be liable for losses caused by the credit card company's failure to act in accordance to this request.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**BANK DRAFT (NOT a Flyers payment option. Requires an attached VOIDED check):**

Date that account will be drafted: 1<sup>st</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ Amount \$ \_\_\_\_\_

Financial Institution Name \_\_\_\_\_

ABA Transit Routing Number (9 digits) \_\_\_\_\_ Account Number \_\_\_\_\_

I authorize Leroy Springs & Company, Inc. (LSC) to initiate electronic debit entries and to initiate, if necessary, credit entries and adjustments for any debit errors to my checking account or savings account indicated above. I authorize the financial institution named above to debit and/or credit these entries from my account. These payments will be debited each month on the 1<sup>st</sup> or 15<sup>th</sup> as indicated above. This authorization is to remain in effect until I notify LSC in writing of its termination. To cancel this automatic debit, I must provide written notice of cancellation to LSC not less than **30 days** prior to the next scheduled automatic draft. LSC may terminate this payment plan upon notice of two (2) declined transactions. There is a **\$30** return service fee for all insufficient bank drafts. Memberships will be immediately terminated if the bank draft account has been closed or a stop payment order is issued by the customer. LSC reserves the right to cancel this agreement without prior written notice. LSC will notify me of any changes in the dollar amount charged to my account. LSC shall not be liable for losses caused by the financial institution's failure to act in accordance to this request.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**  
Completed by (Initial): \_\_\_\_\_ Date: \_\_\_\_\_

NOTES: