

No.: _____



KATY DOJO LLC

Sensei Siamak Tavakoli 20527 FM 1093 Suite C1-C3, Richmond Texas 77407

Katydojo@gmail.com Phone: 281-795-2959

KATY DOJO LLC CHASE ACH COLLECTION AGREEMENT

Customer's Name (Print): _____

Customer's Billing
address: _____

Customer's Phone Number: _____ Mobile Phone*: _____

Bank Account Number: _____ Checking: Savings:

Bank Routing Number: _____ Personal Account: Business Account:

Authorized Dollar Amount: _____ Monthly: , One-time payment: _____

Program: Tiger Cub Karate: , Youth Karate: , Adults Karate: , Others/ Camps:

Program: _____

Bank Account Holder's Name: _____

Date: _____ Print name: _____ Signature: _____

Please attaché a void check