

Direct Debit via ACH Authorization

I authorize 4 Gents LLC dba Candle Club, hereinafter called "Company," to initiate debit entries to my account indicated below and the Financial Institution named below, hereinafter called "Financial Institution," to debit the same account. I acknowledge that the origination of ACH transactions to my account must comply with U.S. law and NACHA Rules. Completion of this form authorizes a variable payment to be drafted based to pay any amounts owed on the membership account listed. Payments are scheduled to be drafted as early as the first of each month. In the event a payment attempt is rejected, another attempt will occur at a later time, and a \$40 handling fee will be assessed to the account.

Account Detail

Financial Institution Name and City: _____

Routing Number: _____

Account Number: _____

Type of Account (Checking or Savings): _____

Signature: _____

Print Individual Name: _____

Date: _____

Billing Contact Info

Email: ryan@candleclubwichita.com

Billing Direct Line: (316) 719-9067