



**Shine Wellness Coaching
dba/BOM Fitness & Wellness Coaching**

I/We hereby authorize SHINE WELLNESS COACHING/BOM FITNESS to initiate debit entries to my/our Bank account indicated below, and the Financial Institution named below.

Automatic debits will take place on the 1st business day of each month.

Direct Debit Start Date _____ **Direct Debit Ending Date** *_Upon Written Cancellation_*

Monthly Amount to be Debited _____

Financial Institution _____

Bank Routing Number _____

Account Number _____ **Checking** _____ **Savings** _____

This authority is to remain in effect until you receive notice from me (or either of us) of its termination at least 5 days prior to the date of scheduled payment.

Name (print) _____

Signature _____