

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

**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.**

**Each automatic debit will take place on the 1st of each month.**

**Direct Debit Start Date** \_\_\_\_\_ **Direct Debit Ending Date** *\_\_Upon 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** \_\_\_\_\_

**Approved by** \_\_\_\_\_

*Shine Wellness Coaching/BOM Fitness – Jolynne Carlson*