

Direct Debit Authorization Form



myWorld America Inc.
11110 W. Oakland Park Boulevard,
Suite 275
Sunrise, FL 33351

Member Name: _____

Member ID: _____

Address: _____

City: _____ Sta Zip

Phone: _____

Bank Information

Bank Name: _____

Account Holder's Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Routing # (9 digits): _____

Bank Account # _____

myWorld America Inc., is hereby authorized to draw drafts of ACH debits or issue ACH credits on the account maintained by me (us) at the above named financial institution.

Amount of debit(s) or method of determining amount of debit(s) [or specify range of acceptable dollar amounts authorized]: _____.

Date(s) and/or frequency of debit(s):__ _____

It is the responsibility of the myWorld member to maintain sufficient funds to cover the authorized ACH drafts, therefore there will be a \$15.00 fee for every unsuccessful attempt due to unavailability of funds.

This authorization shall remain in effect unless and until myWorld has received written notification from me (us) that this authorization has been terminated in such time and manner to allow myWorld to act which may take up to thirty days. By executing this Authorization Form, the undersigned individual(s) represents, warrants, and acknowledges that: If this is a corporation, limited liability company, or partnership, the individual(s) executing this form has the requisite legal power and authority to complete and submit this form on their behalf. The undersigned represents and warrants to myWorld that the person executing this form is an authorized signatory on the Account referenced above and all information regarding the Account and Account Owner is true and correct.

Account Owner Signature: _____ Date: _____

Print Name and Title: _____