



Ultimate Protection Academy

Guntry Club™

& Indoor Tactical Range

Anytime Range™

INDIVIDUAL & FAMILY MEMBERSHIP PAYMENT AUTHORIZATION

Primary Member _____ Individual Family Drivers Lic. # _____
First Name Last Name

Home Address _____ City _____ State _____ Zip _____
Number and Street

PAYMENT SUMMARY			
Membership Dues	\$ _____	Membership Fee Paid	\$ _____
Locker Rental	\$ _____	1st Month Prorated	\$ _____
Total Monthly Dues	\$ _____	Total Paid on Joining	\$ _____

METHOD OF PAYMENT	
<input type="checkbox"/>	Cash
<input type="checkbox"/>	Check # _____
<input type="checkbox"/>	Visa
<input type="checkbox"/>	MasterCard
<input type="checkbox"/>	AMEX
<input type="checkbox"/>	Discover Card

Select a method for monthly dues payments and complete the necessary details:

AUTHORIZATION FOR ACH TRANSFERS

Account Type	<input type="checkbox"/> Checking Account	Branch _____
	<input type="checkbox"/> Savings Account	
Financial Institution	_____	
Routing #	_____	
Account #	_____	City _____
		State _____

AUTHORIZATION FOR CREDIT CARD OR DEBIT CARD PAYMENTS

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover	Expiration Date _____
Name on Card	_____	Security Code _____
Account #	_____	
Billing Address	_____	

SEND PAYMENT RECEIPTS TO

Contact Name	_____
Contact Email	_____

The Primary Member listed above does hereby authorize Ultimate Protection Academy ("UPA") to process payment for the monthly dues set forth above (as modified from time to time) and for any other charges due under the Terms and Conditions of Membership for the duration of my Membership by initiating debit entries to the account at the financial institution authorized above for ACH transfers or initiating charges to the credit card account authorized above, for credit card payments, as applicable. This authorization shall remain in full force and effect until UPA has received WRITTEN NOTIFICATION from the undersigned of cancellation in such time, and in such manner, as to afford UPA and the designated financial institution a reasonable opportunity to act on it, WHICH SHALL BE AT LEAST FIFTEEN DAYS IN ADVANCE OF THE MEMBER'S NEXT PAYMENT DUE DATE.

Primary Member _____ Date _____