



Group Travel Simplicity, Inc.

119 Hinchman Ave.
Sebastian, FL 32958



Direct Payment Plan Authorization Form

Club: _____

Trip Destination: _____

Date: __ / __ / ____

Please complete and Fax back to 772-594-2728, Attn: Sheri Agnew

Or send by email with a password protection through Adobe.

NOTE: Be sure to sign the form!

AUTHORIZATION FOR DIRECT PAYMENT

I authorize Group Travel Simplicity, Inc. to initiate an electronic debit entry to my:

() checking account or () savings account for payment towards deposit due per Agreement for this trip. I understand that there will be a 4% fee to do so.

Deposit Amount \$ _____

Approximate debit date: _____

Financial Institution Name (Please Print) _____

Account Number at Financial Institution _____

Financial Institution Routing/Transit No. _____

Account Holder Name (Please Print) _____

Signature: _____

PLEASE KEEP A COPY OF THE AUTHORIZATION FOR YOUR RECORDS

Group Travel Simplicity, Inc.
119 Hinchman Ave. , Sebastian, FL 32958
630-969-5700, sheri@winterskiandsport.com