

EXHIBIT D

BANK DRAFT AUTHORIZATION FORM

Curves International, Inc. Bank Draft Authorization

Please fill out this entire form.

Name of Company (if company account): _____

Contact Person: _____ Business Phone: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Account Number: _____

Financial Institution Routing Number: _____
(between these symbols I: I: on the bottom of your check)

Name of Financial Institution: _____

Name of Territory: _____

I authorize Curves International, Inc. and the financial institution named above to initiate entries to my checking/savings accounts, and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the financial institution a reasonable opportunity to act on it. I can stop payment of any entry by notifying my financial institution 3 days before my account is charged. I can have the amount of an erroneous charge immediately credited to my account up to 15 days following issuance of my financial institution statement or 60 days after deposit, whichever occurs first. In addition, I authorize Curves International, Inc. to automatically withdraw from my account above any and all payments for royalties and any products I purchase for the *Curves*® franchise even though a Franchise Agreement may not be executed. This authorization is effective immediately.

Signature: _____

Title: _____

Date: _____