



**AUTHORIZATION AGREEMENT  
PRE-ARRANGED RECURRING  
PAYMENTS**

I (we) hereby authorize Healthy Dent County Fitness Center, to initiate debit entries to my (our) Checking, Savings, or Credit Card account at the financial institution named below. To debit the same such account, I (we) acknowledge that the origination of transactions to my (our) account must comply with the provisions of U. S. law.

**Bank Draft**

**OR**

**Recurring Credit Card**

\_\_\_\_\_  
(Financial Institution Name & Address)

\_\_\_\_\_  
(Routing Number)

\_\_\_\_\_  
(Account Number)

Type of Payment:  Checking  Savings

IMPORTANT: Attach a voided unsigned check, or copy of check.

Name on Card: \_\_\_\_\_

Card#: \_\_\_\_\_

CV: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Debit Amount: \_\_\_\_\_ First Draft Date: \_\_\_\_\_

This authority is to remain in full force and effect until Healthy Dent County Fitness Center has received written notification. Written request for termination must be done at least 30 days prior to the draft date.

I agree to pay the first pro-rated payment of the draft membership. I prefer my memberships be drafted on the 1<sup>st</sup>  or 15<sup>th</sup>  of each month. (Please select one.)

I understand dues are subject to change with a minimum 30 days' notice.

\_\_\_\_\_  
(Member) Print Name

\_\_\_\_\_  
(Billing Address)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Signature of Member)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(E-mail)

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Written request for termination must be done at least 30 days prior to the draft date. Please cancel my automatic payments as of \_\_\_\_\_ I understand there will be NO refund of any unused portion of my membership.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_