Salem Fitness Center

AUTHORIZATION AGREEMENT

PRE-ARRANGED BANK DRAFT PAYMENTS

HEALTHY DENT COUNTY
BE ACTIVE • EAT SMART • LIVE WELL

I (we) hereby authorize Salem Fitness Center/Healthy Dent County, to initiate debit entries to my (our) Checking/Savings 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. This will show up on your bank statement as SFC Dues.

_____

(Financial Institution Name)

_____

(Address) (City/State) (Zip)

_____

(Routing Number) (Account Number)

Type of Account:_____ Checking _____ Savings

Debit Amount _____ First Draft Date _____

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

This authority is to remain in full force and effect until Salem Fitness Center/Healthy Dent County have 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 in cash. I prefer my memberships be drafted on the 1st ◯ or 15th ◯ of each month. Please select one.

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

_____ _____

(Member) Print Name (Phone)

_____ _____

(Signature of Member) (E-mail)

_____

(Date)