

AUTHORIZATION FOR DIRECT PAYMENT/AUTOMATIC BILL PAY (MONTHLY/SEMI-ANNUAL/ANNUAL)

I (we) hereby authorize **Total Body Gym & Tan** to initiate variable entries to my (our) account. Described below in the amount of \$ _____ withdrawn on the ____ of each month; Yearly fees in the amount of \$ _____ on _____ month of each year. Starting on (date) _____ for any of the following: open gym fees, access fees, aerobic, tan, P.T, non-returned access card fee.

Checking Acct#: _____ Savings Acct#: _____ Routing #: _____

Financial Institution: _____ Address, City/Zip: _____

(Please attach a voided check, savings deposit slip on the opposite side of the card.) This authority is to remain in full force and effective until TOTAL BODY GYM & TAN has received 35 BANK DAYS WRITTEN notice from me or either party of its termination/not including weekends or holidays. I (we/us) agree that I (we/us) will pay any and all charges that are incurred because of insufficient funds, stop payments, closed accounts, access card fees, & or late fees, and also any charges for legal action taken to collect delinquent fees. I am also aware that the draft will continue to go through the bank until it passes and satisfies for TOTAL CHARGES OWED and that my bank may also charge additional fees.

INITIAL: _____ TECH: _____

-----^for office use only^-----^for office use only^-----

SIGNATURE: _____ SIGNATURE: _____

By signing above, I hereby agree to all of the above terms and conditions.

Print Full Name(s): _____ Date: _____