

FITNESS SOLUTIONS 24/7, LLC
24-Hour Access Club

ELECTRONIC PAYMENT AUTHORIZATION

I/we hereby authorize Fitness Solutions 24/7, LLC to debit my/our account as defined below:

Amount: _____ Frequency: _____

Account Holder Name(s) _____

My/our type of account is: checking savings

Bank Name: _____

Routing Number: _____

Account Number: _____

I/we also agree that if any electronic payment is returned *unpaid* by my/our financial institution *for any reason*, I/we agree to pay a returned fee of \$25.

I/we acknowledge that the origination of Automatic Clearinghouse (ACH) transactions to my account must comply with the provision of U.S. law.

TERMINATION

This authorization is to remain in full force and effect until Fitness Solution 24/7, LLC has received written notification from me of its termination (end of membership contract) in such time and in such manner as to afford the bank a reasonable opportunity to act on it. This length of time has been set to a minimum of 30 days.

I/we have included a VOIDED check with this document.

Account Holder Signature(s):

Date: _____

