

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

**AUGY'S FITNESS CENTER
787 D STREET
P.O. BOX 564
BURWELL, NE 68823**

MEMBERSHIP # _____

I _____ Hereby authorize Augy's Fitness Center, hereinafter called Company, to initiate debit entries to my (our) checking or savings indicated below and the depository named below, hereinafter called Depository, to debit same to such account.

Depository Bank Name _____

City _____ State _____ Zip _____

Transit/ABA # _____ Account # _____

Check here if this is a savings account ()

READ AND INITIAL EACH LINE

_____ This contract is to remain in full force and effect until ____ - ____ - _____ (No less than 12 paid months)

_____ **Membership deductions will then continue on a monthly basis until cancelled.**

_____ Membership type: [circle one] Single \$25 Family \$40 Student/Senior \$20
Student Family/Senior Family \$32

_____ Deductions will be withdrawn on the **25th** of each and every month for a minimum of twelve months, Memberships then convert to a month by month basis. Deductions will not exceed the current Established membership rate.

_____ **Deductions will increase to the current established rate on January 1st of each year. Increase will Not exceed 5% per year.**

_____ **Cancellation of membership prior to 1 year requires a \$50.00 cancellation fee.**

_____ Memberships started prior to the 15th of each month will be deducted during the current month. Memberships started after the 15th will begin deductions the following month.

By signing Member shall have read, understood and agreed to the above terms specified by both parties as stated in this contract.

Member signature _____ Date _____

Augy's Signature _____ Date _____

Attach Void Check Here

*****NACHA Regulations require the attachment of a
Void Check or Pre Printed Deposit Slip to this contract**

Revised January 1st 2012