

LIFE FITNESS CENTER, LLC
520 Wilson Avenue
Crescent City, Ca 95531
707-465-3070

Responsible Party Name: _____
Responsible Party Phone: _____
Responsible Party Email: _____

AUTOMATIC CREDIT CARD, DEBIT CARD OR BANK DRAFT AUTHORIZATION

I understand and accept that automatic payments are processed by a 3rd party merchant. _____ (Initial)

YOUR PAYMENTS WILL BE DEBITED ON THE: _____ (option every 5 days starting on the 1st) of each month.

• The first automatic payment will occur on: _____ - _____ - _____ in the amount of: \$ _____

This agreement authorizes Life Fitness Center to initiate automatic EFT charges for the amount authorized herein to the amount specified. By signing this authorization, the undersigned understands, agrees, and accepts that payments are payable, in advance, and will be debited from the account of the undersigned on the above designated date of each month for the duration of the agreement or until cancelled by responsible party. Payment agreement: I agree to abide by the payment schedule set forth herein. **I agree to a \$10.00 charge if my bank denies payment from my checking/savings account, credit or debit card account for any reason.** I understand, agree, and accept that I am in full control of my payment and, if at any time, I decide to discontinue this form of payment, I will provide a **written or in person notification 10 days prior to my next scheduled payment.**

Cancellation – I understand and agree that I will give a **10-day written or in person notice**, prior to my next scheduled payment, if I choose to cancel my membership or discontinue automatic payments. I understand and agree that no refund will be given, for any reason, if I fail to give a 10-day notice. I have also received a verbal explanation of the 10day cancellation notice.

SIGNATURE

PRINT NAME

DATE

Credit or Debit Card Payments:

Credit or Debit Card Number: _____

Expiration Date: _____ - _____ CVV#: _____ Zip Code: _____

I understand, agree, and accept that I am in full control of my payment and, if at any point, I decide to discontinue this form of payment, I will provide a **10-day written or in person** notification **prior to my next scheduled payment.**

SIGNATURE

PRINT NAME

DATE

*****OR*****

Checking or Savings Account Automatic Payments Authorization: Checking_____ Savings_____

BANK NAME

BANK ROUTING NUMBER

ACCOUNT NUMBER

ACKNOWLEDGEMENT OF ACCESS FOB & FITNESS CENTER USE POLICY

- By signing this **ACKNOWLEDGEMENT OF ACCESS FOB & FITNESS CENTER USE POLICY** I agree **not** to allow another person to use my access fob.
- By signing this **ACKNOWLEDGEMENT OF ACCESS FOB & FITNESS CENTER USE** I am aware, understand, and agree that I will not bring a non-gym member into Life Fitness Center.
- I understand and agree that violation of either rule will result in cancellation of my membership and no refund will be given for any reason.

SIGNATURE

PRINT NAME

DATE

ACKNOWLEDGE OF CANCELLATION POLICY

By signing the **"AUTOMATIC CREDIT CARD, DEBIT CARD OR BANK AUTHORIZATION"** I agree to provide a 10-day written or in person notice, prior to my next scheduled automatic payment, if I choose to cancel my membership or discontinue automatic payments. I understand, acknowledge, and accept that no refund will be given, for any reason, if I fail to provide the required 10-day written or in person notice.

The undersign affirms knowledge, understanding and agreement of the cancellation policy. The undersigned agrees that a 10-day written or in person notice, prior to the next scheduled payment is required to cancel membership or discontinue automatic payments and no refund will be given for any reason. I have also received a verbal explanation to the 10-day cancellation and non-refund policy. _____(Initial)

The undersigned understands, agrees, and accepts that access fobs must be turned in within 1 week of membership cancellation or expiration to receive the access fob deposit. I have also been informed verbally of the fob deposit refund policy. _____(Initial)

SIGNATURE

PRINT NAME

DATE