



Hidden Valley Lake

FITNESS CENTER AUTHORIZATION AGREEMENT FOR AUTOMATIC WITHDRAWALS

Member Name: _____

Address: _____ Phone No: _____

Lot (s) Number: _____ Payment Amount: _____

I (we) hereby authorize the Hidden Valley Lake Fitness Center to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the bank named below. I authorize withdrawal on the **15th of the month.**

Bank Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Transit/ABA Number (lower left corner of check, 9 numbers) _____

Account Number: (choose one)

(Checking): _____ (Savings): _____

This authority is to remain in full force and effect until the Hidden Valley Lake Fitness Center has received written notification from me (us) of its termination in such time and in such manner as to afford the Hidden Valley Lake Fitness Center and the bank a reasonable opportunity to act on it. I understand that the withdrawal of this authority without the written consent to the Hidden Valley Lake Fitness Center shall constitute a default of the agreement for which this payment is being made.

Authorized Signature Lot # Date

Print Name

Authorized Signature Lot # Date

Print Name

**** ATTACH A COPY OF A VOIDED CHECK ****

For Office Use Only - Do Not Write Below This Line

Automatic Withdrawal Start Date: _____ Stop Date: _____

Withdrawal: Monthly Payment Amount to be Withdrawn: \$ _____