

Geneva Fitness Center, Inc
Consent for Automatic Payment Withdrawal

Credit Card Number _____

Exp. Date __ / __

CVV ___

Billing Zip Code _____

Address _____

Payment will be processed on the 1st of each month in the amount of \$____.

A 30 Day notice is required to cancel your membership-APW
Call Beth Carr at 334-806-2005

Customer Signature _____

Date __ / ____