

jeannie fitness

Payment Authorization

I _____ authorize Jeannie Fitness to automatically withdrawl payment of \$____.00__ on from my Checking/Savings/Credit Account listed below. Monthly transactions will occur the **15th of every month** for the fitness services provided. A **30 day written notice** is required for cancellation of these services; I understand that this authorization will remain in effect until proper documentation is provided to Jeannie Fitness.

Any insufficient fund fees that Jeannie Fitness is charged for ACH returns will be charged against my Checking/Savings Account.

Member Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Credit Card Payment Authorization and Method

Cardholder Name: _____

___ **AMEX** ___ **MC** ___ **VISA** ___ **DISCOVER** ___ **GRON/PROMO** _____

Credit Card #: _____

Expiration Date: _____ Security Code: _____

___ **ALL CLASS MONTHLY \$65** ___ **YOGA/BOOTYBARRE DROP IN \$12**

___ **CARDIO CLASS MONTHLY \$45** ___ **CARDIO CLASS DROP IN \$7**

Signature

Date

Pro-Rate Amount: _____

ALL PAYMENTS ARE NON-REFUNDABLE