

Jeannie Fitness Payment Authorization Form

I _____ authorize Jeannie Fitness to automatically withdraw 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 ___ Cash/Check no. _____
Credit Card #: _____
Expiration Date: _____ Security Code: _____

___ **Monthly Member \$45 or \$65** ___ **Drop In Fee \$15 or \$20**

New Member Special ONLY One Month \$25 ___ **Pro-Rate Amount:**

ALL PAYMENTS ARE NON-REFUNDABLE

Print
Name: _____ **Signature** _____

Date: _____

