



**ZOOM TOTAL FITNESS, LLC/ZOOM TOTAL ATHLETICS
116 NORTH MAIN ST.
OAKFIELD, NY 14125**

CREDIT CARD RECURRING PAYMENT AUTHORIZATION FORM

I, _____ authorize Zoom Total Fitness, LLC/ Zoom Total Athletics to charge the following credit card on the 1st of each month for my membership dues.
A monthly recurring charge against said credit card in the amount of \$ _____

Cardholder Information:

Name as it appears on card: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Address (if different from billing address): _____

Credit Card Information:

Credit Card Type: ___ Mastercard ___ Visa ___ Discover ___ American Express

Credit Card Number: _____

Expiration Date (Month & Year): ____/____

Security Code: _____

Cardholder's Signature: _____

Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Zoom Total Fitness, LLC/Zoom Total Athletics in writing of any changes in my account information or termination of this authorization at least 30 days prior to the next billing date. If the above noted periodic payment dates fall on a weekend or holiday, I understand that the payment may be executed on the next business day. I understand that because this is an electronic transaction, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates.