



Debit Authorization

I (we) hereby authorize Grantsburg 24 Hour Fitness, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to debit the same to such account for \_\_\_\_\_. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. Law.

I (we) also acknowledge that at the end of my (our) contract term, the contract will automatically switch over to a month to month contract and the account on file will continue to be debited for the same amount as previous. If I (we) choose to cancel or terminate my (our) membership, I (we) acknowledge that a written notice must be received by the COMPANY no later than the 5th of the month. I (we) understand that failure to do so will result in an additional monthly payment to be debited from my (our) account.

Print Name Signature Date

(Financial Institution Name) (Branch)

(Address) (City, State) (Zip)

(Routing Number) (Account Number) Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Amount to be Deducted: \_\_\_\_\_

\_\_\_\_\_ Monthly; 15th of every month

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM