



Attach voided check here for authorization
(use tape for faxing)

Do not use deposit slip

Fit Physique Fitness Center

Automatic Payment Authorization from Checking Accounts

Please Note, each monthly tuition draft payment will typically be processed on the 1st banking day of each month and no later than the 10th of each month. Customer may stop a draft, upon request, provided we are given a 30 day advanced written notice.

Any EFT check drafts that are returned to AAI will be charged a \$40.00 fee. The full tuition amount will be drafted for a 2nd time within 1 week of any returned draft.

Please print the following information:

Person authorizing automatic draft payments:

Name: _____ Address _____

City: _____ State: _____ Zip _____ Phone (H) (____) _____ - _____

Phone (C) (____) _____ - _____ Email Address : _____

(Please Print clearly)

Estimated monthly draft amount:\$ _____
(Monthly Draft Amount may change if amount of services changes.)

Please mark membership type:

Single Membership Family Membership

I hereby authorize monthly tuition payments, as shown above, to be drafted from the account designated below. Monthly tuition payments may change if/when services change. In the event that I change my checking service to a different bank, different account, or close my account, I will notify FIT PHYSIQUE FITNESS CENTER in writing at least 30 days prior to the date of my next scheduled automatic payment. I understand that a bank draft carries all the responsibilities of a check and I agree to maintain funds available in the designated account to cover these drafts as they occur. I will give a 30-day written notice to FIT PHYSIQUE FITNESS CENTER before stopping the automatic draft payment, if for any reason I withdraw my membership from FIT PHYSIQUE FITNESS CENTER.

Please note: All bank drafts or checks returned to our bank as NSF, account closed, or for any other reason, will be charged a \$40.00 returned check fee. The total amount due on any returned item may be resubmitted and/or broken into multiple drafts to expedite collection. **I hereby authorize drafts from my checking account only as specified above.**

Signature: _____ **Date:** ____/____/20____

Please return or fax this completed form to:

Fit Physique Fitness Center
2111 N. Maize Rd. • Wichita, KS 67212

Office: 316-721-2521 • Fax: 316-729-5541