



**FIT PHYSIQUE FITNESS CENTER**  
**Monthly Automatic Payment Authorization**  
**For Credit/Debit Cards**

Please print the following information:

Customers' full name(s) \_\_\_\_\_

Person authorizing automatic credit/debit card draft payments:

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (H) \_\_\_\_\_

Phone (C) \_\_\_\_\_ EmailAddress \_\_\_\_\_

(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

Monthly payments may change if/when services change. A thirty (30) day notice is required for any changes or drops. Monthly charges will be made between the 1<sup>st</sup> through the 10<sup>th</sup> of each month. Any payment authorization declined will be charged a \$10.00 decline fee & will be added to the total amount due. This amount may be collected or charged to the card on file. If not collected by the 10<sup>th</sup> of the month, an additional \$5.00 late fee will apply.

I hereby authorize tuition payments, as shown above, to be charged to the account designated below. In the event that I change my credit card service to a different bank, a different account, issued a new card/account number/different expiration date 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. Per the Fit Physique Fitness Center Registration Form/Rules and Policies, I will give a 30 day written notice to Fit Physique Fitness Center before the automatic card payment, if for any reason I cancel my membership.

I hereby authorize drafts from my credit/debit account only as specified above

Name as it appears on card \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Authorizing signature \_\_\_\_\_ MC \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_

Name on CC & billing address if different \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Credit \_\_\_\_\_ Debit \_\_\_\_\_

Please Return Completed form to:  
 Fit Physique Fitness Center      2111 N. Maize Rd. Wichita, Ks. 67212  
 316-721-2521                              316-729-5541 (fax)