

# The FIRM U

A CLINICAL FITNESS STUDIO

## GYM MEMBERSHIP CONTRACT & RECURRING BILLING 30-DAY CANCELLATION NOTICE

I hereby request cancellation of my monthly gym membership and recurring payments with The FIRM U effective on \_\_\_\_\_. I understand this is a 30-day written notice of cancellation that will take effect on \_\_\_\_\_ and that I paid for the last month when I enrolled.  
*to be completed by a FIRM U representative*

RECURRING BILLING SOURCE	
<b>Credit Card</b>	
<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____ Security Code _____
Billing Address	_____
<b>ACH Banking Debit</b>	
_____	_____
<i>ABA Routing Number</i>	<i>Account Number</i>

Client's gym membership will end on \_\_\_\_\_.  
*to be completed by a FIRM U representative*

**CLIENT NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**CLIENT SIGNATURE** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**FIRM U REPRESENTATIVE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**FIRM U SIGNATURE** \_\_\_\_\_