

# The FIRM U

A CLINICAL FITNESS STUDIO

## GYM MEMBERSHIP (WITHOUT PERSONAL TRAINING) RECURRING PAYMENT AUTHORIZATION

Schedule your payment to be automatically deducted from your bank account or charged to your Visa, MasterCard, American Express or Discover Card. Just complete and sign this form to get started!

### How Recurring Payments Work

You authorize regularly-scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

### Please Complete the Information Below

I \_\_\_\_\_ authorize The Fit Effect dba, The FIRM U, to charge my credit card or deduct from my bank account listed below a total of \$107.17 (\$99.00 + \$8.17 Tax) on the \_\_\_\_\_ of each month until I cancel my Gym Membership in writing. The FIRM U Gym Membership 30-Day Cancellation Form can be found online at [www.thefirmu.com](http://www.thefirmu.com).

GYM MEMBERSHIP FEE	
One-time enrollment fee	\$100.00
Gym Membership fee	99.00
Last month's Gym Membership fee	99.00
<i>Subtotal</i>	<i>\$298.00</i>
Tax	24.59
<b>Total</b>	<b>\$322.59</b>

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>	
ABA Routing Number	_____
Account Number	_____

I understand that I must submit or have on file a completed Gym Membership Agreement.	Initial _____
I understand that I must be over 18 years of age to workout under a Gym Membership and that if I am under 18 years of age, I must be accompanied by an adult.	Initial _____
To my knowledge, I have no limiting physical conditions or disabilities that preclude me from participating in an exercise program.	Initial _____
I understand that I must participate in one 60-minute mandatory, complimentary personal training session to learn the rules and etiquette of the gym and proper exercise form. I understand this is for my own safety and the safety of others around me.	Initial _____
I understand that my participation and activity under the Gym Membership at The FIRM U is at my sole risk and responsibility.	Initial _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify The Fit Effect dba, The FIRM U, in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above-noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above-noted periodic transaction dates. In the case of an ACH transaction is rejected for non-sufficient funds (NSF), I understand The Fit Effect dba, The FIRM U, may, at its discretion, attempt to process the charge again within 30 days, and agree to an additional \$30.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

By signing below, I accept full responsibility to my own health and well-being AND I acknowledge and understand that no responsibility is assumed by the leaders of the program, including but not limited to **The Fit Effect, L.L.C.; dba The FIRM U and all independent trainers and employees.**

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PHONE#** \_\_\_\_\_ **EMAIL** \_\_\_\_\_