

# The FIRM U

A CLINICAL FITNESS STUDIO

## PERSONAL TRAINING RECURRING PAYMENT AUTHORIZATION

Schedule your personal training 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 your personal training charges to be deducted from your checking/savings account or charged to your 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.

### Personal Training Package Purchased (please check box)

**Master Clinical Fitness Trainer (MCFT)**

**Clinical Fitness Trainer (CFT)**

12 Session Block: .....\$1,548  
Per Hour: .....\$129

12 Session Block: .....\$1,188  
Per Hour: .....\$99

### Authorization

I, \_\_\_\_\_, authorize The Fit Effect dba, The FIRM U, to charge my credit card or deduct from my bank account the amounts checked below on the dates indicated below for my Personal Training package.

RECURRING AMOUNTS	
Amount	Date to be Billed
<input type="checkbox"/> MCFT @ \$1,548	
<input type="checkbox"/> CFT @ \$1,188	
<input type="checkbox"/> MCFT @ \$1,548	
<input type="checkbox"/> CFT @ \$1,188	

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 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debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above-noted periodic transaction dates.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** \_\_\_\_\_