



MEN'S AND WOMEN'S PREFERRED FITNESS CENTER

BANK RECURRING PAYMENT AUTHORIZATION FORM

If you would like to enjoy the convenience of automatic recurring monthly payments for your membership, simply complete and sign the form below. All requested information is required and will be kept strictly confidential. Upon approval, we will automatically deduct your monthly membership fee from your bank account for the amount indicated. You may cancel this automatic authorization at any time only by visiting our office.

Pricing: \$10.00 monthly for physical therapy patients

\$15.00 monthly for monthly membership at Wheelersburg location only

\$20.00 monthly for monthly membership at any of our gym locations (Wheelersburg, Ironton, Ashland, Huntington, Louisa)

Your first payment of a \$10.00 non-refundable deposit due today and your automatic payments will begin on the date indicated below.

Customer Information:

Name: _____

Address: _____

Email: _____

Phone: _____

Payment Information:

I authorize Tri-State Rehab Services & Preferred Fitness to automatically charge my bank account listed below as specified:

Service: MONTHLY GYM MEMBERSHIP Circle one from above \$10.00 \$15.00 \$20.00 charged on approximately the 15th of each month.

START DATE: ____ / ____ / ____
Month Day Year

***Should your bank account decline your membership will be placed on hold and we will need a payment of \$25.00 to reactivate your membership. This covers the missed monthly payment as well as a service fee. ***

Bank Information:

Name of Financial Institution: _____

Checking Account Routing Number: _____

Checking Account Bank Account Number: _____

Customer Signature: _____ Date: _____