

VILLAGE FITNESS

ELECTRONIC PAYMENT AUTHORIZATION FORM

Member Name(s): _____

Bank Check /Savings account

Please attach a voided check, check copy, or deposit slip above

Major Credit Card Cardholder _____
 Mastercard Visa Discover

Card No. _____ Expiration _____ / _____

Start Date: _____ **Base Monthly Dues: \$** _____

First Month's Prorated/Start-up Dues: \$ _____

Comments: _____

Please initial on the appropriate line below regarding cancellation of your EFT membership:

- _____ **12-month members:** I agree to pay a \$100 early termination fee if I cancel my membership, for any reason except those exempted by law, within 12 months of this notice.
- _____ **Month-to-Month EFT members:** I acknowledge that I was offered a New Member Orientation Package (\$39 value) free of charge upon beginning this membership agreement. I agree to reimburse Village Fitness LLC for the cost of this package if I cancel, for any reason except those exempted by law, within 3 months of this notice.

I/We hereby authorize Village Fitness, LLC to charge my monthly membership dues as noted above. I/We agree to send written notification to Village Fitness, LLC and surrender my/our identification card(s) to cancel this agreement after the expiration of the contract term. In the event that I request a membership freeze, this contract term will be extended equal to the duration of the freeze period. In addition to any other notification pursuant to the contract, **the undersigned member will give Village Fitness LLC at least 30 days notice of their election to cease payment by Electronic Funds Transfer.**

Signature: _____

Date: _____