

AGREEMENT FOR PRE-AUTHORIZED PAYMENTS FOR THE BOONE COUNTY FITNESS CENTER

I (we) hereby authorize the Boone County Fitness Center to initiate debit entries to my (our) _____ *checking* _____ *savings* account (select one) at the depository named below.

DEPOSITORY:

Bank Name: _____

City: _____ State: _____ Zip: _____

Routing Number & Account number (include a deposit slip or voided check)

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until Boone County Fitness Center has received written notification from me (or either of us) of its termination at such time and in such manner as to afford the Center and Depository a reasonable opportunity to act on it.

Name (s): _____
Please Print

Date: _____

Signed: _____

**Attach voided
check or deposit
slip here**

BOONE COUNTY FITNESS CENTER (BCFC) MONTHLY WITHDRAWAL AGREEMENT

1. This is a **continual agreement** with a 12-month minimum commitment, and an anniversary date of _____.
2. After the anniversary date, a member can cancel his/her membership without penalty by filling out and signing a Boone County Fitness Center Member Cancellation Form available at the desk—BEFORE THE 5TH OF THE MONTH. Membership cannot be cancelled without completion of this form. Cancellation will take effect **after** the next billing cycle if filled out on or after the 5th. Should a member cancel his or her membership within the 12-month commitment, he or she will be ineligible for monthly withdrawal should he or she wish to rejoin. In this event, member will have to pay for year membership in full.
3. The membership rate is fixed at \$_____ per month until July 5th. After July 5th, the monthly rate will adjust to the current membership rate.
4. Transfers will be made on the **5th day of each month**. If the 5th falls on a weekend or holiday, the withdrawal will be made on the following Monday, and the Boone County Fitness Center has no responsibility to notify me when the transfer is made.
5. In the event of returned item (account closed, NSF, etc), BCFC will contact you to make the payment. If you cannot be contacted, BCFC will submit for two (2) month's dues at the next billing date to make up for the returned item from the previous month. In the event of two (2) consecutive returned items, BCFC reserves the right to cancel this membership.

A member of the Boone County Fitness Center Staff has read and explained all of the above information to me and I understand and agree to all membership and payment terms.

Member Initials_____ **Staff Initials**_____

Name(s) _____
(Please print)

Date_____ **Signature**_____