



Authorized Agreement for Automated Payments

Please complete the following information:

Member's Last Name:	Member's First Name:	Member's Middle Initial:
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Scan Code: K

Bank Account Information	
Bank Name:	
Account Number:	
Account Type:	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Bank ABA Number:	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <small>First 9 digits in the bottom left corner of a check.</small>
Please provide us with a voided blank check or savings account deposit slip (depending on which account you want the payment made from).	

OR

Credit Card Information	
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER	
Account Number:	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Expiration Date: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
This information indicates a change to my current Automated Payment Information. Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Debit Amount			
Items to include in debit amount:			Start Date:
Membership Dues: <input type="checkbox"/>	Initiation Fee (Remaining 3 installments): <input type="checkbox"/>	Parking Permit (optional*): <input type="checkbox"/>	_____
Kit Locker Fees (optional): <input type="checkbox"/>	Other Goods and Services: <input type="checkbox"/>		

- I hereby authorize the National Institute for Fitness and Sport, Inc. (NIFS) to instruct my Financial Institution/Credit Card Company to debit the account as shown above **on or after the 25th day of each month** for all current and outstanding charges as designated above. Adjusting entries to correct errors are also authorized. I acknowledge receipt of a completed copy of this Agreement.
- In order to cancel this authority, notice must be received in writing by the **15th of the month** in which the cancellation is to go into effect. In no event shall a cancellation be effective or a refund made on debits processed by NIFS, when notice is received after this date.
- I have read and I agree to the Additional Terms and Conditions stated on the back of this form.

Signature: _____	Date: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Authorized Member <input type="checkbox"/> Bill Payer <input type="checkbox"/> Both	

*This option is available for memberships where parking is **NOT** included.

Additional Terms and Conditions

1. **Payment on Account ("POA")** is a process which **will allow the member identified on the front of this Agreement (the "Authorized Member") to purchase goods and services from NIFS on account when I (the "Bill Payer") agree to pay for such purchases** by a debit to my bank account or a charge to my credit card. I understand that in order for the Authorized Member to be eligible to participate in POA, **I must be current in payment of all amounts that I owe to NIFS** and I must **agree to pay for all POA purchases by the Authorized Member** pursuant to this Agreement. In order to make POA purchases, the **Authorized Member must present his or her keytag**, and the **Authorized Member's picture must appear in NIFS' TouchFit database**.
2. All POA purchases and membership-related fees incurred by the Authorized Member (such as dues, initiation fees, parking and locker fees) that I have designated to be paid by debit to my bank account or a charge to my credit card are called "Account Charges" in this Agreement. I agree to pay all the Authorized Member's Account Charges, including POA purchases. I understand that **Account Charges are due on the 25th day of each month**, and will be debited from the bank account or charged to the credit card designated in this Agreement (the "Designated Account") on or after the 25th day of each month. I understand that NIFS may charge me a processing fee of \$15.00 each month that NIFS is unable to collect sufficient funds to pay all Account Charges from the Designated Account. If applicable, the processing fee will be treated as an Account Charge, and I authorize NIFS to collect the fee from the Designated Account. In addition, if NIFS is unable to collect sufficient funds to pay all Account Charges from the Designated Account, NIFS may prohibit further POA purchases and other Account Charges by the Authorized Member. I will pay all Account Charges that NIFS is unable to collect from the Designated Account upon demand by NIFS.
3. I will **notify NIFS immediately, in writing, if the Designated Account is closed for any reason**. If I do not give NIFS written notice of account closure before the **15th day of the month**, NIFS may not be able to prevent a debit or charge to the Designated Account in that month, and NIFS will not be liable for any fees or charges I incur as a result.
4. When NIFS receives written notice requesting cancellation of the membership of the Authorized Member, NIFS will terminate the Authorized Member's ability to make further POA purchases, but I will remain liable for all Account Charges that are made before the membership cancellation is effective. Termination of the membership will not terminate NIFS's rights under this Agreement, and I **agree to keep the Designated Account open until all Account Charges are paid in full**.
5. I understand that if any amounts I owe to NIFS, including Account Charges, are **past due for sixty (60) days or more, NIFS may cancel my membership and/or the membership of the Authorized Member**. I understand that the Authorized Member and I may be **denied admission to NIFS if amounts I owe to NIFS are past due for more than seven (7) days**. I will pay all costs that NIFS incurs in collecting amounts that I owe to NIFS, including attorneys' fees. Reinstatement of any membership is subject to the Rules and Regulations of NIFS.
6. I understand that NIFS may limit the amount of Account Charges and may terminate the Authorized Member's ability to make Account Charges, at any time and for any reason, without prior notice to me or the Authorized Member. The Terms and Conditions of this Agreement are subject to change by NIFS at any time without notice (provided that NIFS will not change the date on or after which it will debit or charge the Designated Account without prior written notice to me).