

Main Street Gym & Fitness

Payment Plan Authorization Form

(Bank acct. holder) **First Name** _____ **Middle Name** _____ **Last Name** _____
Address _____ City _____ St _____ ZIP _____ (____) _____ Phone _____
Company Name, If Applicable (Please Include DBA) _____

Paying For (if bank acct. holder is not the customer/member): _____

PAYMENT PLAN **(Sales Tax Added to Debit on date of Withdraw)**

ONE-TIME Debit Amount (Before Tax) \$ _____ Debit Date: ___/___/___ For Product/Services/Dues: _____

RECURRING Monthly Debit (Before Tax) \$ _____ Debit Day (1st–31st): ____ For Product/Services/Dues: _____

MONTHLY WITHDRAW (AFTER TAX) \$ _____

Recurring Debit Start Date: ___/___/___ Recurring Debit End Date: ___/___/___ No. of Payments: _____

CUSTOMER'S BANK INFORMATION

Bank _____ Phone Number (____) _____

Address of Bank _____

City _____ State _____ Zip _____

Routing Number (9 digits): _____ Account Number: _____

Bank Account Type: Checking OR Savings (Please circle one.)

PAYMENT AUTHORIZATION

I hereby authorize you to debit my account as identified above. This authorization shall remain in effect until the terms stated have been met.

I understand that if the total amount owed to **Main Street Gym & Fitness** is increased, I authorize this plan to continue as long as the payment amount remains unchanged until the amount owed **Main Street Gym & Fitness** is paid off. I understand any added amounts can be applied for with a new authorization form.

All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to **Main Street Gym & Fitness** 15 days prior to any change being implemented. I understand that this payment plan may be cancelled by **Main Street Gym & Fitness** due to uncollectible funds. I will be liable to pay a fee for each returned check.

I understand that if my electronic debit is returned to you for insufficient or "held" funds, it will be re-presented electronically and my account will be debited for the amount of the payment plus the state-allowed fee of \$30.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold **Main Street Gym & Fitness** the check processor, and the bank harmless from damage, loss, or claim resulting from all authorized actions hereunder.

Customer's Signature _____ Date _____

Authorized signature(s) on bank account (if required) _____ Date _____

A voided check from the customer's bank account must be stapled to this Authorization form.