

The Fitness Factor

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

COMPANY NAME: THE FITNESS FACTOR

I (we) hereby authorize THE FITNESS FACTOR, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account indicated below and the depository name below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY

NAME: Click here to enter text.

BRANCH: Click here to enter text.

CITY: Click here to enter text.
enter text.

STATE: Click here to enter text. ZIP: Click here to

TRANSIT/ABA NO: 084201786

ACCOUNT NO.: Click here to enter text.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable time to act on it. **I understand that by signing this agreement, authorization is being given to COMPANY to draft my (our) account a minimum of eleven(11) consecutive times following the initial month.**

NAME (S): Click here to enter text.

ID NO.: Click here to enter text.

DATE: Click here to enter a date.

SIGNATURE: _____

EMAIL COMPLETED FORM TO: fitnessfactorcolumbus@gmail.com