



Recurring Payment Authorization Form

Company Name: Design Fitness L.L.C.

Street Address: 250 Kennedy Drive

City, State, Zip Code: Red Bud, IL 62278

Phone Number: 618-304-9180

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your Visa, MasterCard, or American Express credit card. You will be charged the amount indicated below each billing period. The charge will appear on your credit card statement as "Design Fitness." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize **Design Fitness** to charge the credit card indicated below:

- A. \$ _____ on the _____ of each **month / year (circle one)** for payment of my **Design Fitness Open Gym Membership.**
- B. \$ _____ on the _____ of each **year** for payment of my **Design Fitness Open Gym Annual Maintenance Fee.**

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Credit Card

| | |
|--|-------------------------------------|
| <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard |
| <input type="checkbox"/> Amex | <input type="checkbox"/> Discover |
| Cardholder Name _____ | |
| Account Number _____ | |
| Exp. Date _____ | |
| CVV (3 digit number on back of card) _____ | |

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Design Fitness in writing of any changes in my account information or termination of this authorization 10 days before the effective date of the change. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____