



Electronic Funds Transfer ("EFT") or Credit Card Authorization Agreement:

Credit Card Type _____ Credit Card # _____ Exp. Date _____
Name as it appears on card _____ Security Code _____
Address of Cardholder _____

Electronic Funds Transfer: **Member must attach a voided check**

Bank Name _____
Account # _____ Routing # _____
Initial Monthly Amount \$ _____

I authorize California Athletic Clubs ("Club") to either electronically transfer funds from the above account number, or draft funds from the above credit card number on the first of each month for payment of all amounts due to the Club, which may include my monthly dues, my payment plan installments, annual increases in monthly dues, maintenance fees, upgrades or additional dues, applicable taxes, fees for fitness or ancillary services, merchandise, and any other unpaid fees or dues. The deductions begin on _____, and continue until my membership is terminated or cancelled in writing. I understand and acknowledge that the monthly dues amount specified above may vary due to past unpaid dues or other fees and charges. I understand that I have the right to receive notice in writing at least 10 days in advance of any automatic payment charges; however, I waive my rights to any such advance notice. I also understand that if I fail to notify the Club in a timely fashion to any changes to my above identified account information, or to my credit card information, or my debit is returned for insufficient funds, or my credit card is declined, I am responsible for all bank charges, all EFT returned items, and all declined credit card charges. **Additionally, the Club reserves the right to charge a \$25.00 fee for any returned or declined items.** The Member may cancel this Agreement only upon written request to the Club. **The Member is responsible for verifying that the written request of at least (30) days for cancellation of this Agreement is received and that the Member's account has been changed or cancelled.** Cancellation or revocation of this authorization, or stopping any payment hereunder, does not affect any other payments authorized on the date of the Agreement or in the future. I confirm that I am authorized under the terms of the applicable agreement with my financial institution (the "Bank Agreement") to the account I have designated for the purchase of goods and services from the Club. I certify that all statements made in this payment authorization are true and correct to the best of my knowledge. I understand that any failure by the applicable financial institution to pay any charge in full does not release me from any liability for obligations owing to the Club. I agree to comply with my Bank Agreement at all times that this Authorization is in effect.

Authorized Signature _____ Date _____
Print Name _____ Member Number _____