



PAYMENT AUTHORIZATION FORM

1605 Benton Road, Suite C, Bossier City, Louisiana 71111
Phone: (318) 547-4205 or (318) 550-6594

I hereby authorize **Survival Fitness, LLC**, and the financial institute named below to debit the amount of my dues and any applicable fees on the first (1st) or fifteenth (15th) of every month from my checking / savings account. I authorize the amount of \$_____ per month for a term of _____ months to be withdrawn. The authority being granted will remain in effect beginning on _____ and ending on - _____. If at the end of this term the contract is renewed, I understand that a new payment authorization form is required.

***Any returned checks or ACHs for insufficient funds shall be accessed a fee of \$25.00**

Name of Financial Institution: _____

Account Number: _____ Routing Number: _____

Printed Name: _____ Phone Number: _____

Street Address: _____

City _____ State: _____ Postal Code: _____

Client Signature: _____ Date: _____