



BOB HOLTZ WELLNESS CENTER AUTO PAYMENT FORM

I hereby authorize the RMC Bob Holtz Wellness Center, hereinafter called the BHWC, to initiate debit entries to my account indicated at the financial institution named below, and to debit the same such account. I also understand that this debit transaction for payment will occur on the 1st day of each month and will continue for a minimum of either 6 months or 1 year, based upon my selection below.

Member's Name (*print*): _____

Membership Type: _____ Monthly Rate: _____

BANK ACCOUNT INFORMATION

Bank Name: _____

City: _____ State: _____ Zip: _____

Bank Routing Number: _____ Account Number: _____

Account Type: _____ Checking _____ Savings

MEMBERSHIP CONTRACT

- **1 Year Membership Contract:** By initialing here, you acknowledge this membership contract is valid for one full year from the date of sign up. You will be responsible for any balance due on your account. (*initial*) _____

After one full year, you have the option to automatically renew for one year. Yes, sign me up for auto-renew. (*initial*) _____

- **6 Month Membership Contract:** By initialing here, you acknowledge this membership contract is valid for 6 months from the date of sign up. You will be responsible for any balance due on your account. (*initial*) _____

After 6 months, you have the option to automatically renew for 6 months. Yes, sign me up for auto-renew. (*initial*) _____

I authorize the debit of my account to start on the first day of (month/year): _____ / _____

Signature: _____ Date: _____

Office use only: Sent to Finance _____ WC Staff _____
Date Finance Completed _____ Finance Staff _____