



Authorization for Electronic Funds Transfer

Once this form is accepted it authorizes Gym Kennedy, LLC to transfer funds from your financial institution or credit card account.

Customer Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I hereby authorize Gym Kennedy, LLC to make monthly withdrawals from my bank account identified below, or debit my credit card account identified below, depending on the payment option I have selected, in the amount of \$_____ per month.

I understand that this is a recurring transaction that will debit my account every month for the entire term specified, including all renewals. If the amount changes then I unconditionally and irrevocably appoint Gym Kennedy, LLC as my attorney-in-fact to execute an additional Authorization for Electronic Funds Transfer specifying the correct amount to be withdrawn from or credited to my credit card. I will be notified by Gym Kennedy, LLC of the changed amount. In the event there are insufficient funds in my bank account to effectuate any electronic funds transfer or any credit card debit is refused, then I agree that Gym Kennedy, LLC may accelerate the total amount due. Thereafter Gym Kennedy, LLC may collect the augmented amount and also charge me a \$25.00 collection fee.

I will provide a 30 day notice of termination for this monthly funds transfer.

Authorized Signature

Date

Credit/debit card Information			
_____	_____	_____	_____
Card Number	Expiration Date	Security Code	Billing Zip Code
_____	_____		
Name on Card	Type of Card		