



AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD PAYMENT

Company: James G. Mill (JGM) Fitness Center

Member Name _____

Name As It Appears On Card _____

Card Number _____ - _____ - _____ **Expiration Date** _____

Card Type ☐ **Visa** ☐ **Master Card** ☐ **Discover** **Security Code (3 Digit)** _____

Cardholder Mailing Address _____ **City** _____

State _____ **Zip Code** _____ **Phone** _____

I (We) herby authorize the above named company to initiate debit entries and if necessary, any adjustments needed to correct entries made in error to the account indicated above and the financial company named above to debit the same to such accounts.

I (We), the undersigned herby authorize the James G. Mill Fitness Center to charge my (our) credit card account monthly for payment of a facility membership.

I (We) understand that in order to maintain active membership status and continue automatic payment, I (we) will need to complete a new Membership Agreement Form yearly.

Cardholder Signature _____ **Date** _____

Membership Type _____ **Semester** _____ **Year** _____

To change your credit information, please submit another Authorization Agreement form. It is the member's responsibility to notify JGM Fitness Center of changes to the expiration date or billing address.

Date Entered _____

Entered By _____