

Recurring ACH Payment Authorization

This form authorizes Schaal Fitness Center to withdraw a monthly ACH charge from my checking/savings account to be applied to my gym membership, and must be completed and returned by the 20th day of the month for this agreement to begin.

I fully understand that I will be charged the amount indicated below each and every billing period until such time as I cancel this authorization by completing and submitting an ACH Payment Cancellation Request prior to the 20th day of the month.

I have read and fully understand the terms of this authorization, as indicated by my signature below.

I _____ authorize **Schaal Physical Therapy and Fitness Center, LLC** to charge my bank account, as indicated, in the amount of \$_____ on or near the 20th of each month.

Billing Information

Billing Address _____
City, State, Zip _____ Phone Number _____
Email _____

Bank Details

Indicate: Checking or Savings

Bank Name _____
Account Number _____
Routing Number _____

Please attach a copy of a voided check.

*I understand that this authorization will remain in effect until I cancel it via an ACH payment cancellation request. I agree to notify **Schaal Physical Therapy and Fitness Center LLC**, in writing of any changes to my account information at least 30 days prior to the next billing date, fully aware that not doing so may affect payment of my gym membership. If the above-referenced payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that because ACH is an electronic transaction, these funds may be withdrawn from my account as soon as the above-noted periodic transaction dates. In the case of an ACH transaction being rejected for Non-Sufficient Funds (NSF), I understand that **Schaal Physical Therapy and Fitness Center LLC** may, at its*

discretion, attempt to process the charge again within 30 days and I agree to an additional \$30 charge for each attempted NSF charge, which will be initiated as a separate transaction from the authorized recurring payment. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transaction corresponds to the terms indicated in this authorization form.

SIGNATURE _____ DATE _____