



Membership Contact Information

Name: _____
Address: _____
City: _____ State: _____
Zip code: _____
Home Phone: _____
Cell Phone: _____
Email: _____

Emergency Contact Name: _____
Emergency Contact Phone: _____

Automatic Bank Payment Information

(Provide a cancelled or VOIDED check)

Bank Name: _____
Transfer from (check one) ___ Checking OR ___ Savings
Account Title: _____
Bank Account Number: _____
Bank Routing Number: _____
Membership Amount to Be Transferred:
_____ Transfer on the 1st of the month

I (we) authorize transfer of funds as indicated above. I (we) agree to maintain sufficient balances to cover such transfer. I (we) agree that the rights of the Financial Institution with respect to each transfer, shall be the same as if it were a withdrawal personally signed by me (us). This agreement shall remain in effect until revoked by me (us) or cancelled by the Financial Institution.

Account Holder Printed Name: _____

Account Holder Signature: _____

Date Signed: _____

(Membership Contact Form Rev. A)

**copy to Financial Institution

***copy for Mind Your Fitness records