



Recurring Payment Plan Authorization Form

Bank Account

Schedule your payment to be automatically deducted from your checking account.

The Recurring Payment Plan will help you in several ways:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town)
- It's easy to sign up

Here's how the Recurring Payment Plan works:

You authorize regularly scheduled charges to your checking/savings account. You will be charged each billing period the total amount due for that period. A receipt of payment will be emailed to you.

Please complete the information below:

I _____ authorize **CrossFit Monrovia** to debit my
(Name)

account on the first day of each month for payment of my bill.

Checking/ Savings Account

Checking

Savings

Name on Acct _____

Bank Name _____

Account Number _____

Bank Routing # _____

Bank City/State _____



SIGNATURE _____

DATE _____

I agree to notify the business in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges. For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I will not dispute the company's recurring billing with my bank; so long as the transaction corresponds to the terms indicated in this agreement.