

Member ID# \_\_\_\_\_

## **Trinity Health & Fitness LLC** **Confidential Electronic Funds Transfer Form**

I, \_\_\_\_\_, hereby authorize TRINITY HEALTH & FITNESS LLC of 1650 Skylyn Drive Suite 100, Spartanburg, SC 29307, to initiate debit entries in the amount of \$\_\_\_\_\_ per month, for the term of the contract, using the information below.

My account will be debited on the **9<sup>th</sup> day of every month** by Trinity Health & Fitness and will be debited each following month during the term of the contract. **I understand that this authorization will remain in effect for at least 12 monthly drafts.** I understand that in the event of a returned check or a returned bank draft, there will be a \$30 fee, in accordance with state law 34-11-70, which also declares stopping payment or insufficient funds as a criminal offense.

### **Customer's Right to Cancel:**

You or your estate may cancel the contract at any time by written notice to the address above if one of the following circumstances occurs:

- (1) Death of the contract holder.
- (2) Substantial physical disability, certified by a physician, which makes it permanently impossible for you to use the facility's services. A letter from your physician must be provided with documentation that you are physically unable to use **any** our facility's services. **If enrolled on a couple or family membership, this does not excuse the responsible member from his or her dependent obligations.**
- (3) Your permanent relocation to a residence more than 50 miles distant from Trinity Health & Fitness. Valid proof of your new residence must be provided.  
(Utility Bill, New Driver's License, Lease)

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Account Information**

Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

I choose an automatic 12-month extension of the current 12-month draft agreement for a total of two years. By agreeing to this option, monthly rates will not go up after the first 12 months and no re-enrollment fee or yearly maintenance fees will be required. **Initial:** \_\_\_\_\_

I choose to opt in on an automatic month-to-month extension once my 12 monthly draft requirements have been met. I will be notified by Trinity Health & Fitness when my 12 monthly draft requirements have been met. By choosing this option, there will be no re-enrollment fee, and my yearly maintenance of \$50 will be cut in half to \$25. **Initial:** \_\_\_\_\_

I choose to automatically cancel my membership once my 12 monthly draft requirements have been met. By choosing this option, I will have to pay an enrollment fee to rejoin, and I will have to pay the full yearly maintenance fee of \$50. **Initial:** \_\_\_\_\_

### **(Office Use Only)**

**Employee Initial:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **1<sup>st</sup> Draft Date:** \_\_\_\_\_ **Source:** \_\_\_\_\_