

**Pre-Authorized Debit Application**  
**The Energizer Health and Fitness Club**

Dear Energizer Health and Fitness Club,

Please instruct my bank to forward my monthly payment directly to you. I am attaching a cheque marked VOID.

I request and authorize **The Energizer Health and Fitness Club** to draw monthly payments in the amount specified in the membership agreement on approximately the **15<sup>th</sup>** of each month from my/our account at the financial institution indicated by the sample VOID cheque. My/our financial institution is authorized to deal with such debits as if signed by me/us.

For a joint account I understand that all signatories must sign this application if more than one signature is required on this account. This application may be cancelled on 15 days written notice.

The following conditions apply to this agreement:

1. The member will be responsible for paying service charges of \$30.00 resulting from any NSF or returned items.
2. The above payment arrangement is for a minimum of four (4) months. Should the member cancel their membership before the four (4) month period ends, a \$20.00 administration fee will be charged to the member's account.
3. All personal banking information will remain secured and confidential to The Energizer Health and Fitness Club and will be returned to the member (on request) after all outstanding amounts due have been paid.

\_\_\_\_\_  
Signature (account holder)

\_\_\_\_\_  
Signature (Energizer authorized personnel)

\_\_\_\_\_  
Signature (second account holder if both Parties must sign)

\_\_\_\_\_  
Date