



100 Plank Road
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(985) 974- 5935
plankfitnessla@gmail.com

DEBIT AUTHORIZATION

AUTHORIZATION AGREEMENT FOR AUTHORIZED PAYMENTS

I hereby authorize Plank Fitness, LLC to debit my checking account and bank named below.

Bank Name

City

State

Zip Code

Routing # (*Numbers at bottom on left*)

Account # (*Numbers at bottom in middle*)

By signing below, you are giving Plank Fitness, LLC, permission to debit funds from your account on a monthly basis (first, 1st, of each month) for membership dues. This authority is to remain in full force and effect until Plank Fitness, LLC receives written notice that a membership is wanting to be cancelled; ample time is required/needed so that your bank may be contacted.

Name (*please print*)

Name (*please sign*)

E-mail Address

Date

Plank Fitness, LLC Authorized Representative

*All account information will remain confidential and used only for the payment of monthly membership dues.
"This institution is an equal opportunity provider."*

Please attach a voided check.