



Swim and Fitness ACH AUTHORIZATION

BY SIGNING BELOW:

I authorize any and all charges incurred on my account with the Swim & Fitness Center (“Center”) to be charged to the bank account listed below via ACH (Automated Clearing House) transfer. I certify that the below listed bank account information is issued to me and agree that all disputes applied to the account relating to the Center will be promptly brought to the attention of the Center. I understand that I am obligated to keep valid and approved bank account information on file with the Center. In the event I fail to update bank account information on file with the Center, I acknowledge and agree that I will be subject to a monthly finance charge of \$35 on any payment still outstanding after thirty (30) days. If I wish to continue to pay by credit or debit card after 10/31/2023, I will be charged a 3.5% credit card surcharge fee on all charges.

PRIVACY DISCLOSURE: The payment information collected to administer your membership account is treated confidentially and will not be shared with anyone except financial institutions and those employees used to process payments. Your payment information is NOT shared, sold, or made public in any way.

Bank: _____

Routing Number: _____ Account Number: _____

Type of Account (Please select one): _____ Checking _____ Savings

Full Name: _____

(As appears on the account)

Accountholder Signature: _____

(7_2023)