



Fitness Receptionist will complete this section:

Member Barcode: _____

Billing Date: [1st] [15th]

Billing Amount: _____

First Withdrawal Date: _____

Fitness Staff signature/date:

Account Holder or Authorized User will complete this section:

I am the account holder or an authorized user for the specified checking, savings, and/or credit/debit card account(s), and hereby give my consent to the Electronic Funds Transfers from or Charges to my account initiated by Morgantown Physical Therapy Associates dba HealthWorks Rehab & Fitness to its own order. **This authorization will remain in effect until revoked by me in writing by submitting a Member Account Termination Request Form and Terminating this binding Payment Agreement. HealthWorks must receive my form at least 24 hours prior to my billing date.**

I understand if my form is not received within the prescribed timeframe that I am still responsible for my member dues and my termination will take effect on the next billing cycle.

I recognize that should any draft or charge (payment) not be honored by my bank for any reason, I am responsible for my member dues payment plus a non-refundable HealthWorks service fee of \$25.00 + tax. This is in addition to any bank over draft or over limit fees my bank may charge me.

I have read and fully understand the payment plan for the HealthWorks Fitness Program which I have selected and I agree to abide by the payment schedule above as described herein.

Member Name: _____

Account Holder Full Name: _____

Banking Institution: _____

Authorized signature: _____ Date _____

Receptionist: Affix VOIDED check here or enter payment information below

ROUTING # _____

ACCOUNT # _____

CHECKING or SAVINGS

Credit Card Type : VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Credit Card # _____

Expires _____ Security Code _____

*Initiation fee additional. Applicable taxes will be added.

CREDIT CARD
SAVINGS
CHECKING