Fitness by Design, Inc.

ACH FORM/ AUTOMATIC WITHDRAWAL AGREEMENT

~ FOR 3 MONTHS ONLY ~

I, the undersigned, hereby authorize Fitness by Design to draft my checking/savings account for three months according to the schedule below:

Month 1 $_____ Month 2 $_____ Month 3 $_____

Date _____ Date _____ Date _____

☐ Set up new auto debit ☐ Change existing DDA/Routing Number

Member's Name: _____

Billing Address: (street) _____

(city) _____ (state) _____ (zip) _____

Phone Number: _____

CHECKING ACCOUNT NUMBER: _____

SAVINGS ACCOUNT NUMBER: _____

ROUTING/ TRANSIT NUMBER: _____

BANK NAME: _____

MEMBER ACKNOWLEDGES RECEIPT OF A FULLY COMPLETED COPY OF THIS AGREEMENT EXECUTED BY BOTH Fitness by Design AND MEMBER AND ACKNOWLEDGES THE AGREEMENT TERMS.

_____ _____

Signed by Member Fitness by Design, Inc.

_____ _____

Date Date

*** Please enclose a VOIDED check. This will help us process your automatic payment accurately.**