

AUTHORIZATION AGREEMENT TO TRANSFER FUNDS VIA ACH

I hereby authorize the Titonka Fitness Center to debit my checking or savings account indicated below to pay monthly membership dues. This authorization is to remain in full force and effect until the Titonka Fitness Center has received written notification from me of its termination or amendment in such time and manner as to afford the Titonka Fitness Center reasonable opportunity to act on it.

Date: _____

Signature of Account Holder or Holders

Name of Financial Institution: _____

Financial Institution Routing #: _____

Circle one: Checking Savings

Account # _____

Description: Titonka Fitness Center Membership Dues

Amount: \$ _____

Frequency: Monthly

Begin Transfers On: _____

Attach Copy of Voided Check