



3203 Minnesota Avenue
 Panama City, FL 32405
 850-248-3800
 www.fusionfitnesspc.com

Automatic Bank Draft Authorization Form

Personal Information	
Name on Account (exactly as it appears):	Company Name:
Address:	
City:	State: Zip:
Telephone:	Email:

Financial Institution Information	
Name of Financial Institution:	
Address of Financial Institution:	
City:	State: Zip:
Telephone:	Website:
Routing Number (first nine digits at bottom of check):	Account Number:

I authorize Fusion Fitness Center ("Fusion") to debit (draft) the account identified above each month for the amount of _____ (\$_____) as payment for the dues owed on my Membership Form and Agreement with Fusion. Additionally, I understand that this authorization will be in effect until I notify in writing Fusion and my financial institution that I no longer desire this service. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my membership account. I understand that non-payment due to insufficient funds in my account will be processed by my financial institution and by Fusion in the same manner as an insufficient funds check, and that I may be charged an insufficient funds check by both. I understand that this authorization is non-negotiable and non-transferable.

 Signature of Account Holder

 Date

Please attach a "voided" check from your checking account or a savings withdrawal slip from your savings account.