

Electronic Fund Transfer Agreement
12 Month Contract



Please complete this **Electronic Fund Transfer Agreement** to initiate your membership with Brickhouse Gym.

Member Information

I, _____, authorize Bent Barbell, Inc. dba Brickhouse Gym or its authorized agent, to charge to my account as specified below, on the selected day of each calendar month until the expiration or cancellation of my membership. The initial payment made for my membership type is \$_____.

Member Name _____ Date _____

Membership Number _____ Names of people to be included on your full Gym membership _____

Membership Type (Single, Couple, 3 person family, 4 person family) _____

Payment Information

I authorize my Financial institution as noted below to pay, Bent Barbell, Inc. dba Brickhouse Gym or its agent, for my membership each month by electronic fund transfer. I am making the initial down payment as specified below. I understand that the next EFT transaction on my account will be made on ___/___/___, in the amount of \$_____ and on the same date of each calendar month. I further understand that all prices listed above will be subject to sales tax. _____ (Please initial)

****There will be a \$25.00 fee on any declined checking or savings account draft and a \$25.00 fee on any declined credit card or debit card payment.** Bent Barbell, Inc. dba Brickhouse Gym may re-present the declined payment plus the \$25.00 legal state declined fee as many times as necessary to collect the payment. _____ (Please initial)

Credit/Debit Card type (VISA / MASTERCARD / AMEX / DISCOVER) _____ Credit/Debit card or Checking account number _____

Full name as it appears on the Card or Account _____ Name of the Bank _____

Day of the month for charges (on the 5th or the 20th) _____ Expiration Date of Credit/Debit card _____

Initial Down Payment _____ Date of Down Payment _____

Down Payment method (CASH/ CHECK/ VISA/ MASTERCARD/ AMEX/ DISCOVER) _____ Expiration Date of Credit/Debit card _____

Cancellation

These payments will be made for the next 12 months through ___/___/___, with no cancellation until the contract is complete and will continue month to month until cancellation with **30 days notice**.

Verification Information

I have read and understand this agreement.

Print Name _____ Signature of Card or Account Holder _____

Date _____