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**Personal Information**

**Membership Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_\_\_**

**Facebook Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instagram Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment Information**

**Would you like to pay by Credit Card \_\_\_\_\_ OR Bank Acct. \_\_\_\_\_ (please check ONLY one)**

**Credit Card Info: VISA \_\_\_\_\_\_ MC: \_\_\_\_\_\_\_ DISCOVER: \_\_\_\_\_\_ AMEX: \_\_\_\_\_\_\_**

 **Credit Card Acct #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OR Bank Acct Info: Checking: \_\_\_\_\_\_ Savings: \_\_\_\_\_\_ (please check one):**

 **Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Routing # (9 digits): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(Note: Routing numbers starting with 5 are invalid.)**

**Membership** **(please check one):**

**Month-to-Month Unlimited, Individual: $149.00 \_\_\_\_\_\_\_\_**

**Month-to-Month Unlimited, Couples (same household): $270 \_\_\_\_\_\_\_\_**

**Month-to-Month Unlimited, First Responder, Full-time Student or Active Military Discount: $119.00 \_\_\_\_**

**Other (Describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Note: Proof required for discounted rates.)**

**Start Date: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ Payment Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payer's Name (if different than above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I hereby authorize CROSSFIT LPF, hereinafter called Company, to initiate debit entries to my bank account. This authorization is to remain in full force until Company has received written notification from me of my request for termination in such time and in such manner as to afford Company a reasonable opportunity to act on it (30 days’ notice). I understand that this payment plan may be cancelled by Company at any time. I represent and warrant that I am authorized to execute this Authorization Agreement and I indemnify the Company, bank and their agents harmless from damage, loss or claim resulting from all authorization actions hereunder. Initial: \_\_\_\_\_\_\_\_\_\_**