



## MEMBERSHIP PAYMENT FORM

Member Name: (please print clearly)

\_\_\_\_\_

Email Address: \_\_\_\_\_

Company: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Monthly Membership Fee: \$22.50 via Credit Card (see next page to provide billing info)

\*Membership to the SIXTEEN-O-Run Fitness Center is based upon a month-to month membership. Our Cancellation Policy states that each individual member is responsible for providing a written notification of cancellation, 30 days prior to the desired effective date of cancellation.

Your Initials: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fitness Center Representative: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*SEE NEXT PAGE FOR BILLING INFORMATION\*\*\*\*\*

**AUTHORIZATION FOR AUTOMATIC CREDIT CARD BILLING FOR  
SIXTEEN-O-RUN FITNESS CENTER MEMBERSHIP**

I, \_\_\_\_\_  
[Cardholder's Name-PLEASE PRINT]

authorize HealthEase, Inc. to charge my credit card account identified below ("Card Account") for monthly recurring amount due from me for membership to SIXTEEN-O-Run Fitness Center. I agree that HealthEase may continue to charge such amounts to my Card Account until I have provided HealthEase and/or the SIXTEEN-O-Run Fitness Staff with written notice to withdraw this authorization. I further agree to provide HealthEase with updated Card Account information on a timely basis reasonably prior to the expiration or termination of the credit card or debit card on file with HealthEase and the SIXTEEN-O-Run Fitness staff in the event that my credit card limit or debit card balance will be insufficient to cover payment. If HealthEase is unable to charge my Card Account because of invalid information or because of insufficient funds, any past-due amount will be subject to applicable late payment fees, as well as any other applicable handling fees.

Please provide the following billing information:

Credit Card Account Number

Credit Card Expiration Date \_\_\_\_\_/\_\_\_\_\_

Card Type  Visa  MasterCard  American Express  Discover

Member Telephone Number (\_\_\_\_) \_\_\_\_\_

Member Street Address \_\_\_\_\_

Member City, State, Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please deliver to: SIXTEEN-O-Run Fitness Center  
1601 Market Street, 10<sup>th</sup> Floor

Or, Email: info@healtheasefitness.com

