

ACH Payment Authorization

You authorize regularly scheduled charges to your bank account. You will be charged the amount indicated in your app for each billing period (monthly). A receipt for each payment will be provided to you via email and the charge will appear on your bank statement. You agree that no prior notice will be provided unless the date or the amount changes, in which case a new form will be required at least 10 days before the payment is collected.

I, _____ authorize **Anchor Barre Fitness & Wellness LLC** to charge my bank account below the membership fee as shown in my account as well as for any other purchases I choose to make on my account. This also includes permission to charge any cancellation fees I may incur as outlined in my membership agreement and the studio policies.

Services Rendered (Membership Type) _____

Billing Details

Billing Address _____ City, State, Zip _____

Phone # _____ Email _____

Bank (ACH) Information

Name on Account - _____

Bank Name - _____

Account Number - _____

Routing Number - _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand the payments may be executed the next business day. For ACH debits to my checking or savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the event that an ACH Transaction is rejected for Non-Sufficient Funds (NSF) I understand that the merchant will try to process the transaction again within 30 days, and agree to the additional fee of \$25 for each attempt returned NSF will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Individual's Signature _____ Date _____