



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS
(CRÉDITS)

Idaho Fitness Factory

I (we) hereby authorize **Company Name** to electronically credit my (our) account (and, if necessary, to electronically debit my (our) account to correct erroneous credits) as follows: [☐] **Checking/Transaction** [☐] **Savings Account** (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law.

Depository Name: _____

Names(s) on the Account _____

City: _____

State: _____

Zip Code: _____

Transit/Routing #: _____

Account #: _____

Amount of credit(s) or method of determining amount of credit(s) _____

Date(s) and/or frequency of credit(s) _____

This authorization is to remain in full force and effect until **Company Name** has received written notification from me/us (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. I/We understand that thirty (30) days notice, in writing, to the COMPANY is required if I/we change banks and/or accounts.

Name(s): _____

(Please Print)

Date: _____

Signature(s): _____