



## Authorization For Automatic Monthly Charges

This form is used to authorize EDGE Fitness to charge monthly membership fees from the member's credit/debit card account each month. **Please complete both sections.**

### SECTION 1: Designation of Monthly Fees

Membership Type:

- Individual
- Buddy/Family (Please indicate Buddy/Family Member: \_\_\_\_\_)
- Military/Senior Discount
- Other (\_\_\_\_\_)

Monthly Amount Due: \$ \_\_\_\_\_

### SECTION 2: Authorization for Automatic Monthly Withdrawal/Charge

Start Date: (mm/dd/yy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Recurring Date of Charges:

- 1<sup>st</sup>
- 15<sup>th</sup>

Type of Card

- Visa
- MasterCard
- Discover
- Amex

Name on Card: \_\_\_\_\_

Card No. \_\_\_\_\_

Expiration Date: (mm/yy) \_\_\_\_\_ / \_\_\_\_\_

CVV Code: \_\_\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

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#### AUTHORIZATION AGREEMENT FOR AUTOMATED WITHDRAWALS:

I hereby authorize and request EDGE Fitness to make the monthly charges set forth in section 1 to the credit and/or debit account authorized above. It is understood that I may terminate this agreement at any time by completing the Membership Update Form available at EDGE Fitness. Any such notification to Edge Fitness shall be effective only after receipt of such notification and prior to the next monthly withdrawal.

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

Return to:  
ATTN: Kate Fischer  
EDGE Fitness  
1502 N Ainsworth, Portland, OR 97217  
503.265.8685