

City Center Square Fitness Center Auto-Pay

I hereby authorize my bank or credit card to make payment by the method indicated below and post it to my account.

_____ Checking _____ Visa _____ MasterCard

Account No. _____ Expiration Date _____ Amount of Monthly Payment \$ _____

Bank Name _____ Three digit security code _____

Billing Address _____ City _____ State _____ Zip Code _____

Member Name _____ Member PIN: _____

Customer Signature _____ Date _____

****MUST ATTACH A VOIDED CHECK FOR CHECKING ACCOUNTS****