**CREDIT CARD / ACH AUTHORIZATION SAMPLE**

You authorize a single (1) **or** regularly scheduled charge to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least ten (10) days prior to the payment being collected.

I, James Mills (Customer), authorize

Local Gym, LLC (Merchant) to charge my (check one)

[x]  - Credit Card | [ ]  - Bank Account for $49.99 on the following basis: (check one)

[ ]  - ONE-TIME (Single Transaction)

[x]  - RECURRING on the \_\_\_5th\_\_\_ day of each: [ ]  - Week | [x]  - Month | [ ]  - Year

This payment is for the following: Basic 24/7 gym membership .

**BILLING INFORMATION**

Billing Address: 123 Customer St, Random City, CA 012345 .

Phone #: (123) 456-7899 Email: customer@email.com

**PAYMENT INFORMATION** (Check One)

[x]  - CREDIT CARD

Card Type: [ ]  Mastercard | [x]  VISA | [ ]  Discover | [ ]  AMEX | [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Number (#): 1234-5678-9911-5544

Expiration: 03/25 (mm/yy) CVV: 123 Cardholder ZIP: 12345

[ ]  - BANK (ACH)

Account Type: [ ]  Checking | [ ]  Savings

Name on Acct: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routing #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****

**CUSTOMER SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: 02/12/2022

Printed Name: James Mills