

**ST. VINCENT'S FITNESS AND WELLNESS CENTER  
AUTHORIZATION AGREEMENT  
FOR AUTOMATIC WITHDRAWAL**

I (we) \_\_\_\_\_ (hereinafter, the "Member(s)") hereby authorize **ST. VINCENT'S HOSPITAL** (hereinafter, the "Company") to initiate debit entries the Member's Account described below from the Member's depository (hereinafter, the "Bank") in the manner described below:

**I. Member's Account:**

Bank Name: \_\_\_\_\_

Transit Number: \_\_\_\_\_

Member's Bank Account Number: \_\_\_\_\_

Amount of Draft: \_\_\_\_\_

**II. The Membership Dues as described in the Summary of Membership Policies (the "Membership Agreement") will be debited on a monthly Basis on the 5<sup>th</sup> of each month from Member's Account. This Authorization shall remain effective until Member provides thirty (30) Days prior written notice to Company that such authorization is revoked. Such notice shall not release Member from its obligation under the Summary of Membership Policies.**

I (we), the Member(s) hereby acknowledge and agree to the terms and conditions of the Membership Agreement and agree to pay any and all charges as described therein. The company is hereby authorized to debit Member's Account in accordance with the terms of the Membership Agreement and this Authorization for Automatic Withdrawal.

**MEMBER(S):**

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_

\_\_\_\_\_  
**Start Date and Member Number**