



Centennial Place Fitness Centre Pre-Authorized Payment Plan

Name: _____

I/we authorize Centennial Place Fitness Centre and/or HSG Health Systems Group Limited to charge monthly dues to my/our bank account or credit card. Centennial Place Fitness Centre is authorized to change the amount of the monthly payment by giving the member 30 days written notice of the change. Failure on the part of the member to advise in writing of his/her disagreement with the change in the amount of the monthly payment within 10 days shall be deemed to be full acceptance of such change.

(Initial: _____)

I/we agree to notify Centennial Place Fitness Centre and/or HSG Health Systems Group Limited in writing within 10 days of any change to bank or credit card account information.

(Initial: _____)

All authorized charges will be made on, or after, the 15th day of each month. Should any bank payments not clear or are not honored by the members financial institution for any reason whatsoever, authorization is hereby given to Centennial Place Fitness Centre and/or HSG Health Systems Group Limited to collect the amount refused or dishonored plus a \$20.00 non-sufficient fund (NSF) fee, payable in full.

(Initial: _____)

This authorization may be cancelled at any time upon written notice; to the Centennial Place Fitness Centre or HSG Health Systems Group Limited by the Member (cancellation deadline is the 20th of **each month** to be effective for month-end).

(Initial: _____)

- Pre Authorized Chequing Payment
- Pre Authorized Credit Card Payment

Type	Name on Card (please print)	Card #	Expiry
------	--------------------------------	--------	--------

Member Name:
Member Signature:
Date:

For a joint account, all depositors must sign, if more than one signature is required on cheques issued against the account.

Attach Void Cheque