



Huntersville Family Fitness & Aquatics

In order to provide you with direct draft as a payment option, Huntersville Family Fitness & Aquatics requests the following information and your authorization to provide you with this service.
This form is used to start, update, or change your preferred payment method.

Please select ONE of the direct draft options below:

Primary Member Name _____

Mobile # _____

Email _____

Membership Program _____

ACCOUNT HOLDER

Direct Draft Authorization

Name _____

Bank Name _____

Checking Account Only

Location of Bank _____

Bank Account # _____

Bank ABA (Routing #) _____

Credit Card Only

VISA

MasterCard

Card # _____

Expiration Date ____/____/____

To ensure the company has the correct information, I have provided a copy of a voided check (for EFT draft only) that provides the same information as above, I also understand this information as confidential and will be kept as a part of my membership records. I will notify Huntersville Family Fitness & Aquatics if I change financial institutions, close or change my credit card, so that my drafts are not delayed and/or incur return fees.

Member Signature _____

Date ____/____/____ Staff Initials _____