

Nygard Fitness
215 Cecil Street SE Minneapolis, MN 55414
612.751.8888

Nygard Fitness – Automatic Withdrawal Form

I/We have agreed through my initials that a prepaid monthly Session Package of:

\$35.00 month for unlimited access to all Nygard Fitness St. Croix Valley classes in all formats.

I/We the undersigned hereby authorize **Nygard Fitness LLC.**, to initiate debit entries, and corrections thereto, to my (our) checking account, hereinafter called **DEPOSITORY**.

DEPOSITORY (Bank) Name: _____

Checking Account No: _____

Routing No: _____

This authority is to remain in full force and effect until **Nygard Fitness LLC.** and **DEPOSITORY** have received written notification from me of its termination in such time of 30-day notice and in such manner as to afford **Nygard Fitness LLC.** and **DEPOSITORY** a reasonable opportunity to act on it, or until all payments due under the contract have been made.

Client Name: _____

Address: _____

Phone#: _____

Email Address: _____

Signature: _____

Date: _____