

AUTHORIZATION AGREEMENT FOR Credit Card (ACH DEBIT)

I (we) hereby authorize **Health Quest Physical Therapy & Fitness Center, Inc.**, hereinafter called *Company*, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below, hereinafter called *Depository*, to credit and/or debit the same such account.

Member Name(s): _____

Type of Card:
(please check one)

- Debit
- Credit

- Visa • DiscoverCard • MasterCard

Card Number: _____

Expiration Date: _____

CVV#: _____

Amount to be debited at the 5th of each month \$_____

This authorization is to remain in full force and effect until *Company* has received notice from me (or either of us) of its termination in such time and in such manner as to afford *Company* and *Depository* a reasonable length of time to act on it.

Name(s) : _____
(Please Print)

Signed: _____