



Dues Per Month	Application Fee (If waived, reason)	Single or Couple

**\*\*FEES ARE SUBJECT TO CHANGE\*\***

\_\_\_\_\_ Bank Draft (Checking, Savings)      \_\_\_\_\_ Debit/Credit Card Draft (Visa, Mastercard)      \_\_\_\_\_ 6 Month Payment      \_\_\_\_\_ Yearly Payment

### Bank Draft Authorization

I authorize CrossFit Q.F.E. to draft from my account, as specified above, the monthly account balance which I understand may include any return fees, overdue payments, e.t.c. on the 10<sup>th</sup> day of each month. It is my responsibility to make sure I notify CrossFit Q.F.E. of any changes to my routing or account number.

Name of Bank \_\_\_\_\_      Checking \_\_\_\_\_      Savings \_\_\_\_\_

Bank's ABA # \_\_\_\_\_

Bank Account # \_\_\_\_\_

**\*\*\*\$35.00 FEE ON ALL RETURNED OR UNPROCESSED ITEMS REGARDLESS OF RETURN/UNPROCESSED REASON\*\*\***

### Credit/Debit Card Authorization

I authorize CrossFit Q.F.E. to draft from my account, as specified above, the monthly account balance which I understand may include any overdraft fees, overdue payments, e.t.c. on the 10<sup>th</sup> day of each month. It is my responsibility to notify CrossFit Q.F.E. of any changes to my card number or expiration date.

Visa \_\_\_\_\_      Mastercard \_\_\_\_\_      Debit Card (ATM) Yes \_\_\_ No \_\_\_

Account Number: \_\_\_\_\_

Name of Issuing Bank \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**\*\*\*\$35.00 FEE ON ALL RETURNED OR UNPROCESSED ITEMS REGARDLESS OF RETURN/UNPROCESSED REASON\*\*\***

### Terms of Agreement

This agreement may be cancelled in writing no more than (3) three working days after the date of the contract, with a full refund.

**A (30) thirty-day written notice is required for all other cancellations** \_\_\_\_\_  
**(INITIALS REQUIRED)**

Memberships are non-transferable. I hereby authorize CrossFit Q.F.E. to deduct from my bank account or credit/debit card the monthly balance of my account, to include any overdraft fees, service charges, overdue payments, etc. I understand that I may not make any changes to my draft information after the 1<sup>st</sup> of a given month.

**I am aware that if I cancel between the 1st and the 15th of a billable month, I will be required to pay the current month's dues as well as any past dues. I am aware that if I cancel from the 16<sup>th</sup> through the last day of the billable month I will be required to pay the current month's balance and the dues for the month to follow and that my membership is active until the end of that following month. ALL CANCELLATIONS MUST BE IN WRITING.**

My signature below confirms my consent for any person associated with my membership to be photographed for membership security reasons. My signature does also hereby release CrossFit Q.F.E., Southeastern Health, its affiliates, agents and representatives from any liability, legal responsibility and/or claims of damages, demands and actions that may arise as a result of my voluntary participation.

By signing this application, I hereby agree to the terms of this agreement and will abide by the rules, regulations and guidelines of CrossFit Q.F.E.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of CrossFit Q.F.E. Representative

\_\_\_\_\_  
Date

REVISED DATE 03/10/15