



Three...Two...One...Go

**Recurring Payments Authorization Form**

I authorize CrossFit Park City, LLC to charge my credit card for my monthly membership payment.

Member's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Master - Card - Visa \_\_\_\_\_

Credit Card Number \_\_\_\_\_

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

SVC Code (on the back of the card) \_\_\_\_\_

**Terms of agreement:** CrossFit Park City, LLC reserves the right to refuse or terminate your automatic credit card payment service. This agreement is to remain in effect until CrossFit Park City, LLC terminates it or receives written notification of its termination.

By signing below, I authorize CrossFit Park City, LLC to charge my Debit/Credit Card \_\_\_\_\_ on the \_\_\_\_\_ day(s) of each month until the termination of this contract.

Card Holder's Signature: \_\_\_\_\_

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