

Premier Fitness

430 Nanuet Mall South • Nanuet, NY 10954

www.premierfitnessny.com

(845) 920-0501 • Fax (845) 920-0502

... We're the best at getting you fit!

ACCOUNT CHANGE FORM

Please Note: ANY CHANGES TO YOUR ACCOUNT **MUST BE RECEIVED 30 DAYS** PRIOR TO THE NEXT BILLING CYCLE. WE RESERVE THE RIGHT TO ELIMINATE ANY COURTESY FREEZES ACCORDING TO THE DISCRETION OF MANAGEMENT.

Account Name _____ Date _____
Member No. _____
Address (IF NEW) _____ Home Phone _____
Work Phone _____
City _____ State _____ Zip _____ Cell Phone _____

CHECK THE BOX THAT CORRESPONDS TO WHAT YOU WANT TO DO

- | | |
|--|--|
| <input type="checkbox"/> Change of Billing (Complete Entire Box Below) | <input type="checkbox"/> On Freeze: (Circle One and Attach Proof) |
| | Medical (Doctor's Note Required) |
| <input type="checkbox"/> In-House Charge Authorization (Complete Entire Box Below) | Military (Proof Required) |
| <input type="checkbox"/> Cancel Membership: (Circle Reason and Attach Proof) | <input type="checkbox"/> On Courtesy Freeze: (Circle One and Attach Proof) |
| Out-of-Area (Proof of Move Required) | Sport (Students only-Proof Required) |
| Medical (Doctor's Note Required) | (Max 3 consecutive months, 1 per year) |
| College (Proof Required) | One Month (Max 1 per year) |
| Contract Complete (No Proof Required) | <input type="checkbox"/> Off-Freeze: (No Proof Required) |

Cancel Date _____
(Last Day You Will Use Gym) *30 Days Notice*

Start Freeze _____ End Freeze _____

* MEMBER SIGNATURE _____

METHOD OF BILLING

- ELECTRONIC FUNDS TRANSFER (EFT)**
I hereby authorize Twin Oaks Software to debit the account listed below in the amount of \$ _____ per month for club membership dues.
- I hereby authorize Twin Oaks Software to debit an additional \$ _____ per month for add-on services. Non-refundable.
- Charge Card: MasterCard VISA AMEX Discover
- Card # _____ Exp. Date _____
- Name on Card _____
- PRINT CLEARLY**
- Authorized Signature: _____ Date _____
- CHECKING ACCOUNT:** Please attach a voided check from the account you want debited.
- SAVINGS ACCOUNT:** Please attach a letter from the bank with the routing and account number from the account you want debited.
- CHECK THIS BOX TO AUTHORIZE IN HOUSE CHARGES TO YOUR ACCOUNT AND SIGN BELOW.**
- Authorized Signature: _____ Date _____

Premier Fitness Employee Signature _____ Date _____