

**FITNESS SOURCE**  
**Payment Authorization Agreement**

Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_

Membership Type: \_\_\_\_\_

Additional Names on this Account: \_\_\_\_\_

**Please Sign Desired Payment Option:**

**Electronic Funds Transfer (EFT)**

**Signature** \_\_\_\_\_

I authorize Saint Luke's Hospital of Kansas City – Fitness Source to initiate entries to my checking / savings account indicated below and the BANK below to post the same to such account on the *5<sup>th</sup> of each month.*

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Please attach voided check **OR** carefully complete the information below:

Transit Number: \_\_\_\_\_ (9 digits) Account Number: \_\_\_\_\_

Check one: Savings Account \_\_\_\_\_ or Checking Account \_\_\_\_\_

A customer has the right to stop payment on any entry by notification to Bank prior to posting the account. If an erroneous entry is initiated by Saint Luke's Hospital – Fitness Source to a customer's account, customer shall have the right to have the amount of such entry reversed to such account by BANK, if, within 15 calendar days following the date on which the BANK sent to customer statement of account or a written notice pertaining to such entry, stating that such entry was in error and requesting BANK to reverse the amount thereof to such account. Transactions returned due to insufficient funds will result in a \$15 processing fee.

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**Credit Card Charge on the 5<sup>th</sup> of each month.**

**Signature** \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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**Payroll Deduction – KCMO Employees Only - \$15.00 from 1<sup>st</sup> and 2<sup>nd</sup> paycheck of month.**

I have chosen to pay my monthly membership through payroll deduction on a pay ahead basis with the City of KCMO (including recovery from future earnings if on unpaid leave.) I understand that if I leave the City, my membership rate will transfer to the community rate and I will have 30 days to notify Fitness Source in writing to switch to another billing option, otherwise my membership will be cancelled.

Full Name as appears on City Record: \_\_\_\_\_  
LAST FIRST M.

Employee ID# \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

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Office Use Only:

Membership Type: KCMO City Employee \_\_\_\_\_ KCFD \_\_\_\_\_ Community \_\_\_\_\_ Corporate \_\_\_\_\_ Other \_\_\_\_\_

Date to Begin Recurring Charge: \_\_\_\_\_

Monthly Dues: \$ \_\_\_\_\_