Agreement for Preauthorized Automatic Payments

Name: _____ **Date:** _____

	Package Type	Number of Sessions	Total Cost
	Group Personal Trainings Sessions		
	F.I.T. Camp*(3-$160,6-$150,12-$140, 12-$175)		
	Half Hour Blitz**(8-$65, 16-$105, unlimited-$125/mo)		
	TTN to Go (workout video) $70/HEP $35		
	Cinch Inch Loss Plan $193.80		
	Cinch Nutrition OR Prescription for Health		
	Other		
	Paying for:		

**F.I.T. Camp fees are deducted on the 28th of every month unless otherwise noted below.*
***Half Hour Blitz sessions are deducted on the 28th of every month unless otherwise noted below.*
****There will be a $25 Fee for cancellation of PAP with less then 2 weeks notice.*
*****There will be a $35 Fee for each transaction that is returned "insufficient funds".*

Credit Card Information

Credit Card Type: ☐ Visa ☐ MasterCard ☐ Discover ☐ Amex

Credit Card Number: _____ Expiration Date: _____
address: 3 digit code:

Choose one option:

I hereby authorize Therapeutic Trainers Network to automatically deduct $_____
from the above listed account every two months beginning _____ on the _____of the month.

I hereby authorize Therapeutic Trainers Network to automatically deduct $_____
from the above listed account every month beginning _____ on the _____ of the month.

I hereby authorize Therapeutic Trainers Network to automatically deduct $_____
from the above listed account as needed (before each renewal).

Signature: _____ **Date:** _____

For Office Use Only	
Approved by: _____ Date: _____ Trainer: _____	