



Monthly Billing Authorization

Electronic Funds Transfer Agreement

125 Live
125 Elton Hills Drive NW
Rochester, MN.55901
507-287-1404.
125livemn.org

Please complete this form if you have selected **automatic monthly billing** for your monthly membership dues.

DO NOT COMPLETE THIS FORM IF:

- You have selected an **annual membership**, or
- You have a **free fitness-only membership** through your insurance provider.

Terms and Conditions:

1. Automatic Payments:

By signing this agreement, I authorize 125 LIVE to charge my designated card each month for membership dues and applicable fees. Charges will occur on the final day of each month for the upcoming month's membership dues.

2. Member Responsibility:

I understand that I am responsible for ensuring my payment information remains valid and up to date. If my card information changes for any reason, I remain responsible for all membership dues.

3. Change or Cancellation Requests:

Membership changes, suspensions, or cancellations must be submitted in writing by the 20th of each month to take effect before the next billing cycle. Requests received after the 20th will still be responsible for the upcoming membership dues.

4. Failed or Returned Payments:

If payment is declined, I understand that I may be contacted to update my payment information and that I may be responsible for any applicable fees.

5. Authorization Duration:

This authorization remains in effect until I submit a written notice of cancellation or suspension in accordance with the policy stated above.

Authorization for Automatic Monthly Payment:

I, the undersigned, authorize **125 LIVE** to automatically charge my credit or debit card for my membership dues and any other authorized charges on a **monthly basis**.

Cardholder Name (as shown on card)

Member Signature

Date