



## DIRECT PAYMENTS (ACH DEBITS) CHANGE/TERMINATION

Check box to indicate type of change desired.

Termination

Effective the next monthly billing cycle, I hereby revoke authorization for Big Dawg Fitness Training to debit entry my account at the financial institution named below.

Change of Financial Institution

Effective the next monthly billing cycle, I hereby authorize Big Dawg Fitness Training to terminate debit entries to my existing account at the financial institution named below and to initiate debit entries to my account at the financial institution named below and to debit the same on a monthly basis. The amount of this deduction shall be at the rate previously agreed upon between myself and Big Dawg Fitness Training.

### Current Financial Institution

Bank Name \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

### New Financial Institution

Bank Name \_\_\_\_\_

Address \_\_\_\_\_

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

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Type of Account **Checking**

**Savings**

*Clients, who are changing accounts, please attach a voided check or deposit slip for the new financial institution.*

Rate Change

*Please choose which session you agree to participate in*

Class Rates		Private Rates/Session/Person	
Unltd. Individuals/Month	\$120 _____	Individuals	\$65 _____
Unltd. Family or Couples/Month	\$180 _____	Couples	\$50 _____
Punch Card (Expires in 90 days)	\$150 _____	Group 3-5	\$40 _____
Daily Rate	\$15 _____	Group 6+	\$30 _____
Team Rate _____			

This authorization is to remain in full force and effect until Big Dawg Fitness Training has received written notification from me of its termination. All terminations will take effect on the next monthly billing cycle.

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_