



**FLEXIBLE FITNESS, LLC ACH AGREEMENT**

As a convenience to me (us), I (we) hereby authorize Flexible Fitness, L.L.C., hereinafter called COMPANY, to initiate debit entries on my (our):

\_\_\_\_\_ Checking Account  
\_\_\_\_\_ Savings Account  
(select one)

indicated below at the depository financial institution named below, hereinafter called FINANCIAL INSTITUTION, and to debit the same to such account. I agree that treatment of such payment shall be the same as if it were personally signed by me. I (we) acknowledge that the origination of ACH transactions to them must comply with the provisions of U.S. law.

_____	_____	
Financial Institution	Branch (if applicable)	
_____	_____	
City	State	Zip
_____	_____	
Routing Number	Account Number	
_____	_____	
Amount or Range	Effective Date	Frequency

I (we) understand that I am (we are) in full control of this account and that this authorization is to remain in full force and effect until COMPANY has received written or oral notification from me (or either of us) of its termination at least 3 business days prior to the presentment date. I understand that EFT is not compulsory as an extension of credit. I understand that cancellation of EFT authorization in no way relieves me of my obligation to fulfill contractual obligations.

_____	_____	
Account Holder Name	Second Account Holder Name (if applicable)	
_____	_____	
Signature	Signature	
_____	_____	
Date	Date	

**PLEASE ATTACH A VOIDED CHECK FOR ROUTING/TRANSIT AND ACCOUNT NUMBER FOR VERIFICATION**