

# ACH AUTHORIZATION FORM

## AUTHORIZATION

I hereby authorize Adapt Physical Therapy & Fitness DBA Hoplite Community Fitness to initiate entries to my checking/savings accounts at the financial institution listed below, and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until I notify Adapt Physical Therapy & Fitness LLC DBA Hoplite Community Fitness in writing to cancel it, in such time as to afford reasonable opportunity to act on the requested cancellation.

Membership Type :  Basic  Plus  VIP  5 PUNCH  10 PUNCH

Member's Name: \_\_\_\_\_

## BANKING INFORMATION

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

Bank Address \_\_\_\_\_

Routing # \_\_\_\_\_

Account Type  Checkings  Savings

Account # \_\_\_\_\_

Authorized Amount \_\_\_\_\_

Frequency  Weekly  Every 2 Weeks  Monthly  One-Time Only

**\*\*Please include a voided check with this form for confirmation of your account information\*\***

## MEMBER SIGNATURE

Name of Bank Account Owner \_\_\_\_\_

Date \_\_\_\_\_

Adapt Physical Therapy & Fitness LLC  
www.adaptwisconsin.com  
608-304-6722

\_\_\_\_\_  
Signature

THANK YOU FOR YOUR INFORMATION!