PREAUTHORIZATION AGREEMENT FOR VARYING PAYMENTS

MEMBER NUMBER:



MEMBERSHIP NAME:

I (we) hereby authorize RCOS located at 301 Doucet Rd., Lafayette, Louisiana 70503, to initiate debit entries to my (our) account below and the financial institution named below, to debit my (our) account.

This authorization is for the purpose of paying recurring health club dues and related services and products purchased from Red's. I understand that amounts may vary from time to time and authorize payment of the outstanding current balance due on my account.

This agreement and authorization is to remain in full force and effect until Red's or financial institution has received 30 days written notification from me (us) or Red's of its termination to afford Red's and financial institution a reasonable opportunity to act on it.

Bank Card debit will terminate upon expiration of card, unless updated information is provided prior to expiration date. A notice will be printed on your bill the month before expiration.

Check one: Day to be drafted 3rd 5th 8th 10th 15th 18th 20th

Signature		Date	
-mail address:		Monthly Statement:	Mail OR Emai
		Monthly Newsletter	: Email Only
For your protection the portion of this do	cument below this line w	rill be destroyed 10 days a	fter initial draft.
ption 1: Bank Account: Checking	Savings		
nancial Institution (Bank)			
Transit/ABA Number	Account Number	_	
OIDED CHECK must be attached.			
ption 2: Bank Card: Credit Card	ebit Card		
rpe of Card: Master Card Visa	American Express	Discover	
		Discover	
ard #	Expiration Date	/Security C	
			on back of card or ont of American Express
ame on Card:			
lling Address on Bank Card (if different than Red's billing a	address):		