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. I understand that I will be charged a \$25 fee for all NSF (returned payments).

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.

NOTE: Bank cards are re-issued periodically. It is your responsibility to provide us with the updated information. REMEMBER: BANK ACCOUNTS DO NOT REQUIRE THESE UPDATES!

Signature	Date
-mail address:	Monthly Statement: Mail OR Em
For your protection the portion of this document below the	nis line will be destroyed 10 days after initial draft
Tor your protection the portion of this document below t	is the will be destroyed to days aller initial drait.
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nancial Institution (Bank)	
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ttach a VOIDED CHECK (if available). option 2: Bank Card: Credit Card Debit Card (routing rpe of Card: Master Card Visa American B	# & checking account # preferred) Express Discover