



AUTHORIZATION AGREEMENT FOR DIRECT DEBIT

Company Name	

I (we) hereby authorize FitNow Enterprises, LLC., hereinafter called **COMPANY**, to initiate Direct Debit and necessary credit for adjustments to correct errors to my (our) CHECKING SAVINGS ACCOUNT (select one) indicated below at the depository name below, hereinafter called **DEPOSITORY**.

Client's Name: _____		
Depository Name (Client's Bank's Name): _____		
City: _____	State: _____	Zip: _____
Transit/ABA Number: _____	Account Number: _____	

This authority is to remain in full force and effect until **COMPANY** has received written notification from me (or either of us) of its termination in such time and in such manner as to afford **COMPANY** and **DEPOSITORY** a reasonable opportunity to act on it.

Signature	Printed Name	Date
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Signature	Printed Name	Date
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ATTACH VOIDED OR COPY OF CHECK FROM CLIENT'S ACCOUNT