

Name of Primary Member _____

If someone **other** than the Primary Member is paying for the membership:

Name _____ Phone # _____

Email _____ Address: _____

Terms of monthly payments

City/St/Zip _____

- **Initial year contract with automatic renewal:** I understand I will be billed for my membership, to the Ambassador Wellness Center, for a minimum 12 months (which includes the Joining fee, prorated dues and 1st month's dues). After this initial 12 months **the EFT/ CC draft will automatically renew monthly** and continues at current applicable rates, until canceled by me, the member. Membership monthly payments WILL NOT STOP until all requirements on are met and proper cancelation process is followed.
- **Open ended Payment with automatic renewal:** I understand this is an **open-ended** monthly charge/draft that automatically renews monthly (*even at the end of initial year contract*) until I gives notice, in writing, on AWC Cancelation form by the 20th of the month prior to next membership charge. If canceled after the 20th, member is responsible for next month's dues.
- **Decline Fees / Nonsufficient Funds (NSF) fee:** If payment is denied for any reason (i.e. the account does not have sufficient available funds, credit card has been changed or or payment is denied for any reason) a \$5 service fee will be assessed against my account, for each attempted withdrawal.
 - Steps for EFT or Credit Card; 1st attempt w/rejection \$5, 2nd Attempt w/rejection \$5, 3rd attempt w/ rejection \$5
 - Access to the facility will be denied and dues must be collected before entry is allowed.
 - If membership dues cannot be collected, current and owed dues may be sent to collections.
- **Changes:** I understand that it is my responsibility to notify the Ambassador Wellness Center of any changes to my membership by the 20th of the month prior to the next scheduled payment date.
- **Rate Changes:** From time-to-time rates may change either by my doing (changing membership plans, or services) or by AWC (rate changes). I authorize AWC to adjust rates, with proper effort of notice.
- **Cancelation process:** EFT membership Contracts are based on a minimum one year period. However you may terminate if you **MOVE 30 MILES AWAY, FOR MILITARY RELOCATION** or if you have a written **STATEMENT FROM YOUR DOCTOR** stating that you (or your family) cannot use the facility *due to health*. Changes/Cancelations must be received by the **20th** of the month, prior to cancelation, otherwise next months dues will be charged.

By signing below, I acknowledge and agree to the above terms & conditions and authorize the monthly charges/draft:

Signature _____ Date _____

Signature _____ Date _____

Form of payment:

Checking Account Savings Account Bank Name: _____

Bank Routing # _____ Account # _____

Visa Master Card Discover *We cannot accept DEBIT CARDS for monthly payments

_____ Exp _____ Back digit _____ Zip _____