



SALT FITNESS

## Monthly Membership Agreement

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_ CVV: \_\_\_\_\_

Payment Method: Check \_\_\_ Card \_\_\_ Cash \_\_\_

Day of the month to pay: \_\_\_ Set up for Autodraft: Yes \_\_\_ No \_\_\_

\_\_\_ I acknowledge that my payment is due on or before the \_\_\_ of each month.

\_\_\_ I authorize SALT Fitness to either a) draft my payment from my card on the same day each month or b) draft my payment from my card if I fail to pay by another method or notify them to make other arrangements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_