



**LOYOLA
CENTER FOR
HEALTH & FITNESS**

Account # _____

Member Type _____

House Account Authorization Form

Member Name _____

Type of Account _____

- Visa, MC, Discover, AMEX, Checking
- Voided check must be attached for a checking account
- Account provided must match current account for membership dues

Account Number _____

Bank Routing Number (if applicable) _____

Expiration Date (if applicable) _____

Name exactly as it appears on account _____

Names of authorized users' _____

I authorize Loyola Center for Health & Fitness to debit my account listed above for purchases made to my house account at:

**Loyola Center for Health & Fitness
2160 S. 1st Avenue
Building 130
Maywood, IL 60153**

This authorization shall remain in effect until I provide written notice to revoke it or to change payment instructions. Until I provide such notice, I agree to be liable for charges made to my house account. I further agree that if any such electronic debit is dishonored, to honor my financial obligation to Loyola Center for Health & Fitness.

Signature _____ **Date** _____

Staff Initials _____