

Elite Fitness Studios

Recurring Charge Permission

Name: _____
Address: _____
Address: _____
Postcode: _____

Date: _____

Please complete the following document and return to Elite Fitness Studios within 14 days.

I (print Name) _____ authorise Elite Fitness Studios Ltd to debit the amount of £ _____ on the 15th of every month. The funds are for membership fees for the participation in exercise classes. I agree and understand the fee will be for advance payment for the following month.

I understand that if I wish to cancel my membership, I have to provide written notification to Elite Fitness Studios Ltd requesting payment to stop.

Please debit £ _____ commencing 15th _____ 2010 from the following card details

Card Type *(please tick)*

- Visa Credit
Visa Debit
Mastercard Credit
Mastercard Debit

16 digit card number: _____

Valid From date: _____

Expiry Date: _____

Security Number *(last 3 digits on the reverse of the card)* _____

Name as it appears on the Card: _____

Customer authorisation Signature: _____

Contact Number: _____



Elite Fitness Studios ♦ The Old Library ♦ 13 Kirk Loan ♦ Corstorphine ♦ EH12 7HD
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