

**Home Club:**  
South      North  
Central    Centerra



# Card on File

**The purpose of this service is for members/ non-members and their families to have a credit/debit card on file for the purpose of charging class fees, youth program fees, training sessions, nursery fees, various merchandise and other incidentals.**

Main Member Name: \_\_\_\_\_ Member Card #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address \_\_\_\_\_

**Credit/Debit Card Information**

Credit/Debit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

- Card On File ONLY, do not change or update my method of payment for Membership Dues.**
- OR*
- Update my Monthly Autopay to this card as well.**

Submitting this agreement authorizes **All Family Members** on your account to have Card on File privileges.

**SIGNATURE**

Applicant agrees to be financially responsible for payment of all charges incurred by applicant and his/her family member in accordance with terms stated below. If any suit or legal action is instituted in connection with any controversy arising out of the transactions authorized or services or products provided in connection with same, the prevailing party shall be entitled to recover its reasonable attorneys' fees, together with court costs and disbursements incurred in connection therewith. If a transaction is declined at the time of purchase/charge, no products or services will be rendered until payment is received in full, regardless of the payment method.

Either party reserves the right to terminate this financial agreement at any time. The information provided above is warranted to be true.

**Main Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Miramont Lifestyle Fitness**  
**Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_