

### Authorization Agreement for Direct Payment (ACH Debits)

I (we) authorize Cynergy Training, hereinafter called COMPANY, to initiate debit entries to my (our) \_\_\_ checking account/\_\_\_ savings account (select one) indicated below at the depository financial institution named below, hereafter-called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until COMPANY has received notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. **(30-day notice)**

We believe that making a commitment to your fitness is crucial to your success with CrossFit, therefore this is a **3-month mandatory commitment**. Refunds will be provided due to permanent disability or permanent relocation. Refunds will not be given under any other circumstances.

Name(s) \_\_\_\_\_  
(Please Print)

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

**NOTE:** DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

**Effective March 1, 2024**

#	Payment Option	\$	Total	Notes:
	Adult - Unlimited	\$195	\$	
	Family (each additional member)	\$165	\$	
	First Responder/Military	\$175	\$	
	All Levels Fitness	\$175	\$	
	Kids (5-11)*	\$120	\$	(1-day rate \$90)
	Teens (12-19)*	\$150	\$	
	Cynergy LIVE (2 days/week)	\$125	\$	

\*We reserve the right to make a readiness assessment for kids & teens to advance to the next level. Your monthly payment will be adjusted accordingly.

Rates subject to change without notice.

Attach Voided check here