

**Kinema Fitness at Zurich**

**Payment Authorization**

**866-277-0822 Fax 866-277-0822**

**Name**

**Employee # (GEMS)**

**Home Address**

**Home Telephone Number**

**City**

**State**

**Zip Code**

**Work Telephone Number**

**Date**

\*\*\* Begin deduction date (must be the 1<sup>st</sup> or the 16<sup>th</sup> of the month)

I would like to obtain a membership at Kinema Fitness at Zurich, managed by Kinema Fitness, Inc., and hereby authorize the following deductions to cover my monthly dues. Please email this form to [zurichfitness@kinemafitness.com](mailto:zurichfitness@kinemafitness.com) or upload to your Kinema Fitness Mindbody account.

**Zurich Employee:** \$25.00 monthly

I understand that the dues will be deducted twice a month from my paycheck (\$12.50 on or about the 15<sup>th</sup> of the month and \$12.50 on or about the last day of the month coinciding with the payroll period), and that should my employment with Zurich terminate, full deductions will be taken through the end of the applicable payroll period, which includes my last workday

**Email**

**Please read the following:**

- It is my complete understanding that if I wish to terminate or change my membership in any way, I must complete and submit a cancellation form to Kinema Fitness.
- For cancellations made on or before the 20<sup>th</sup> of the month, the last payroll deduction will occur on or about the last day of the current month. For cancellations made after the 20<sup>th</sup> of the month, the last payroll deduction will occur on or about the last day of the next month.
- Should any draft not be honored by my credit card company or bank for any reason, I realize that I am still responsible for the payment plus a \$25 service charge. This is in addition to any service charge my credit card company or bank may charge. The Fitness Center reserves the right to cancel my membership when a CAD or EFT draft cannot be processed.

**Signature**

**Date**

**Fitness Staff**

**Date**