



Recurring Payment Authorization Form

You authorize the amount indicated below to be charged automatically each billing period. A receipt for each payment will be emailed to you and the charge will appear on your bank statement as a debit from "Tail Great Now, LLC". You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Tail Great Now, LLC (dba Bainbridge Island CrossFit) to
(full name)
charge my credit card indicated below for _____ plus any applicable WA state sales tax on
the _____ of each month for payment of my Bainbridge Island CrossFit membership or service as
(day or date)
follows: _____

Billing Address _____
City, State, Zip _____

Phone# _____
Email _____

Checking/ Savings Account

☐ Checking ☐ Savings
Name on Acct _____
Bank Name _____
Account Number _____
Bank Routing # _____
Bank City/State _____



Credit Card

☐ Visa ☐ MasterCard
Cardholder Name _____
Account Number _____
Exp. Date _____

SIGNATURE _____

DATE _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Bainbridge Island CrossFit in writing of any changes in my account information or termination of this authorization at least 14 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Bainbridge Island CrossFit may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$15.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.