



Sam B. Cook

**CAPITAL REGION
HEALTHPLEX**

University of Missouri Health Care

**FITNESS CENTER
Electronic Funds Transfer**

December 2011

<input type="checkbox"/>	<p>OPTION ONE: EFT Monthly Reoccurring Dues I hereby request the privilege of paying CRMC - Healthplex Fitness Center monthly dues through electronic withdrawal. I authorize Capital Region Medical Center to draw an electronic fund item for the purpose of paying said payment. Payment type: _____ amount _____ initial _____</p>
--------------------------	---

Name of Member _____

Bank Name _____ Routing No. _____

Member Phone _____

Checking Account Account No _____

Subject to the following conditions:

1. The items shall be drawn on or about the 5th day of the month.
2. The privilege of making payments under this Plan may be revoked by Capital Region Medical Center if any item is not paid upon presentation.
3. Healthplex membership fees are subject to change. Notices of change in membership dues will be posted in the Healthplex and in the Healthplex newsletter. For members who pay monthly the new monthly membership due charge will take effect on the first day of the second month following the date of the notice.
4. A service fee of \$15.00 will be assessed for any electronic draft returned for insufficient funds or any other reason. Capital Region Medical Center reserves the right to draft via Electronic Funds Transfer all amounts owed by the member including any and all late fees and service fees.
5. If you cancel the Electronic Funds at the bank, this does not release you from your obligation to pay monthly membership dues. A CRMC- Healthplex Fitness Center Membership Cancellation form must be completed to terminate your membership and payment obligations. A 30-day written cancellation is required.
6. This Electronic Funds Transfer Plan may be cancelled by the member at any time provided a written notice is delivered to Capital Region Medical Center, PO Box 1128 Jefferson City Missouri, 65102-1128, 30 days prior to wanting to cancel. No refunds shall be given for partial months. (cancellation forms are available at the front desk of the Healthplex – Fitness Center and on our website at www.crmc.org). We will notify bank at time of receiving this cancellation form.

Thanks for your cooperation.

Applicant/Member Signature

Date

Please attach a Voided Blank Check.