



SEATTLE ATHLETIC CLUB
— NORTHGATE —

Electronic Funds Transfer Authorization

Credit Card

Member name: _____ Member number: _____

Credit Card type: Visa Master Card AMEX

Credit Card number: _____ - _____ - _____ - _____

Expiration date: _____ / _____

Full name as it appears on the card: _____

I authorize the Seattle Athletic Club Northgate to automatically charge my credit card monthly to pay for dues and/or personal charges as stated below. I understand that the club will assess a \$20.00 credit card decline charge if for any reason the above credit card should decline payment.

Full Balance: The full balance on my Seattle Athletic Club Northgate billing statement will be charged to the above credit card on the 8th of each month.

The Seattle Athletic Club Northgate will continue to bill this credit card until either:

- 1) 30-days written notice is given to stop the credit card billing, or
- 2) The membership is cancelled in accordance with club cancellation policy, or
- 3) The above credit card declines consecutively for three months.

Member signature: _____ Date _____

For Administration Use Only

Staff signature: _____ Date _____