

Monthly Automatic Credit Card Payment

Member Name: _____

Credit Card Number: _____ - _____ - _____
(Master Card, Visa, AMEX only)

Expiration Date: _____ / _____ Cvv: _____

Zip Code (associated with 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 10th 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.

Signature

Date

Check Box to opt in for e-billing

Statement email

For Administration Use Only

Staff Signature