

PreferredOne Enrollment Form



PreferredOne®

Member Name _____

Account ID# _____

Member ID# _____

Date of Birth ____ / ____ / ____ Gender: M F

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-Mail _____

For Fitness Center Use ONLY: New Enrollment Change in Insurance/Employer Info Change in Bank Account Info

Fitness Center Name _____

Club # _____

Fitness Center Member _____

Monthly Average Dues \$ _____

Member Initials:

- ____ A. I understand each adult must work out at the fitness facility named above twelve (12) days per calendar month to receive the up to \$20 credit. I also understand my workout must happen inside the facility and/or within that facility's supervised programming. Each adult can qualify for a monthly credit of up to \$20; only 1 workout per day is counted
- ____ B. I understand there will be a period of time between the completed month and the applied credit. Example: work out 8 days in January, verified in February, credit applied to account by the end of February.
- ____ C. I understand the reimbursements issued cannot exceed the total monthly membership for the month the credit is applied.
- ____ D. I understand that canceling my membership will result in forfeiture of any unapplied credits.
- ____ E. I understand that it is my responsibility to ensure that my visit is recorded at the time of my workout.

Signature _____

Date ____ / ____ / ____

Member Authorization of Credit:

Example of PreferredOne Card

Type of Account:

Checking (attach voided check below)

Savings (attach savings deposit slip below)

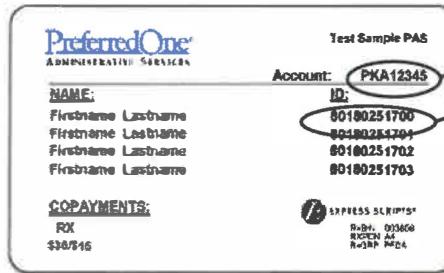
Routing Number: _____

Account Number _____

1 2 3 4 5 6 7 8 9 0 1 2 3 1 2 3 4 5 6 0 0 0 1

Check Number _____

Routing Number _____



Account ID

Member ID

I authorize the above fitness center to process credit entries to the account indicated above. This authorization will remain in effect until I notify the above fitness center to discontinue the electronic deposits of funds.

Signature _____

Date ____ / ____ / ____

PLEASE ATTACH VOIDED CHECK HERE.