



DIVISION OF GLACIER BANK
ONE BIG HAPPY LITTLE BANK

Two Peaks Fitness, Inc.
PO Box 905
La Veta, CO 81055

Authorization Agreement for Preauthorized Electronic Payments

Please print legibly.

I hereby authorize **Two Peaks Fitness, Inc.** to initiate debit/ credit entries to my Checking/ Savings account indicated below at the depository (Bank or Credit Union) named below, to debit/ credit the same to such account for the purposes of payments/ payroll to **Two Peaks Fitness, Inc.**

Debit/ credit to occur (weekly/ monthly) _____

Beginning on _____

FINANCIAL INSTITUTION NAME _____

CITY _____ STATE _____

ROUTING NUMBER
(9 DIGIT NUMBER USUALLY ON THE BOTTOM RIGHT SIDE OF YOUR DEPOSIT SLIP) _____

ACCOUNT NUMBER _____

ACCOUNT TYPE (CHECKING or SAVINGS) _____

NAME(S) ON ACCOUNT _____

(Please attach a voided check to this agreement)

I understand that if an erroneous debit/ credit is made to my account **Two Peaks Fitness, Inc.** and the financial institution are authorized to reverse the entry and make any adjustments necessary to my account to correct the erroneous entry. This authorization is to remain in full force and effective until **Two Peaks Fitness, Inc.** has received notification from me of its termination in writing and at least 10 days prior to the next billing date; this is to afford **Two Peaks Fitness, Inc.** and the depository (Bank or Credit Union) institution reasonable opportunity to act on it.

NAME _____
(Please Print)

SIGNATURE _____

DATE _____