



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.**

Location (La Veta/Walsenburg) \_\_\_\_\_

Amount of debit/credit to occur (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 \_\_\_\_\_