

PAYMENT AUTHORIZATION

Fee Schedule:

According to the contract you have entered into, payment for ______ provided by grtr consulting inc o/a grtr fitness will be billed to you on the 25th of each month prior to that month's coaching session in the amount of ______.

You have elected for the said amount to be deducted from your credit card. This payment will recur each month until such time as it is cancelled by the client. Please consult the grtr fitness cancellation policy for more details.

Payment Options:

• Payment is accepted through authorized credit cards only

I understand and agree:		unde	erstand	and	agree:
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Client Name:	
Client Address:	
Signature:	
Date:	
Witness Name:	Witness Signature:

grtr fitness is a trade name of grtr consulting inc.



2

Credit Card Information

Name on card	
Billing Address Line 1	
Billing Address Line 2	
City	
Province	
Postal Code	
email address	
Phone #	
Card #	
Card expiry	
Security Code (CVV)	

