

# Member Banking Authorization Form

## Authorization To Receive Fitness Reimbursements

By completing and signing this form I am requesting that any reimbursement be credited to the bank account below.

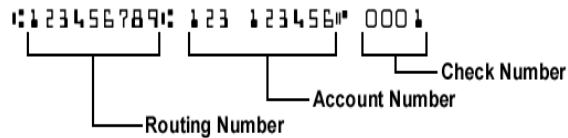
Member Name \_\_\_\_\_

Fitness Center Member ID \_\_\_\_\_

### Banking Information

Type of Account:  Checking (attach voided check below)  Savings (attach savings deposit slip below)

Routing Number: \_\_\_\_\_ Account Number \_\_\_\_\_



### Authorization

I authorize my fitness center and Vanco Services, LLC to process credit entries to the account indicated above. This authorization will remain in effect until I notify my fitness center to discontinue the electronic deposit of funds.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of Account:  Checking (attach voided check below)  
 Savings (attach savings deposit slip below)

**PLEASE ATTACH VOIDED CHECK HERE.**