**AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS**

**FROM CREDIT CARD TO REBEL FITNESS, LLC**

I\We authorize Rebel Fitness, LLC to initiate debit entries to the account indicated below (From) . I\We acknowledge that the origination of transactions to the account (From) must comply with U.S. law. I\We further authorize Rebel Fitness, LLC to initiate any credit entries to the account (From) as may be necessary to correct erroneous debit entries accordingly.

**From:**

| Cardholder Name:  |   |
| --- | --- |
| Credit Card Type:  |   |
| Card Number:  |   |
| Expiration:  |   |
| Date to Start:  |   |
| CVV/Security |   |
| Billing Address:  |   |

**To:**

 Rebel Fitness, LLC

 405 Evans

 Sloan, IA 51055

 I\We understand that this authorization will remain in full force and effect until Rebel Fitness, LLC has received written notification from Member of its termination.

Signed: Date:

 Same Authorized Signature as Appears Above

Printed Name:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

\*\*\***REVOCATION\*\*\*** OF PRE-ARRANGED PAYMENTS

The above Pre-Arranged Payments Request is **REVOKED** as of the date shown below.

Signed: Date:

 Same Authorized Signature as Appears Above

Printed Name: