

LIFT Massage Therapy

134 Depot St ~ Bryson City, NC 28713 ~ 828-736-6960 ~ www.liftmt.com

**MEMBERSHIP AGREEMENT**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

**Membership Fees:**

\$50/mo or \$600/yr (if paying for the year in advance, just fill out the name and contact info and sign and date the top portion of the agreement)

**Monthly Installments:**

Starting on \_\_\_/\_\_\_/\_\_\_ with the last payment being taken out on \_\_\_/\_\_\_/\_\_\_

Fees paid on - First of the month / Fifteenth of the month (circle one)

- Your monthly membership fees will be debited from the bank account (specified below) each month on the date requested for the term of this agreement.
- This membership has a 12 month term with annual renewal as requested by applicant.
- There are no annual membership fees.
- Fee is good for one 50 minute massage or amount towards a higher value treatment. Membership includes 15% off additional treatments for member and immediate family.

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

**CONSUMER AUTHORIZATION FOR DIRECT PAYMENT VIA ACH**

Direct Payment via ACH is the transfer of funds from a consumer account for the purpose of making payment. I (we) authorize LIFT Massage Therapy to electronically debit my (our) account (and if necessary electronically credit my (our) account to correct erroneous debits) as follows:

Checking Account/Savings Account (select one) at the depository financial institution named below ("DEPOSITORY"). I (we) agree that ACH transactions I (we) authorize comply with all applicable law.

Depository Name \_\_\_\_\_

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

Dates and/or frequency of debits \_\_\_\_\_

Amount authorized for each recurrent debit \$ \_\_\_\_\_

Debits within the timeline of this contract not to exceed \$ \_\_\_\_\_

I (we) understand that this authorization will remain in full force and effect until the end of term as agreed to by the contract made with LIFT Massage Therapy.

Name(s) \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_ Signature(s) \_\_\_\_\_

