



Payment Authorization Form

COMPANY INFORMATION

Company Name: Fit Pros on Location, LLC

Please submit my payment as indicated below (**choose only ONE option**):

Check (submitted according to the name and address listed on included W9)

PayPal (Goods and Services, 2.99% fee)

PayPal username or link _____

ACH deposit to my account (complete fields below):

Bank Name _____

Routing # _____

Account # _____

CONTRACTOR INFORMATION AUTHORIZATION

Important! Please read and sign before completing and submitting.

I hereby voluntarily authorize the Company named above (hereafter "Company"), either directly or through its bill payment service provider, to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company, either directly or through its bill payment service provider, to my account. To the extent permitted by law, in the event that Company or its bill payment service provider deposits funds erroneously into my account (s), I authorize Company, either directly or through its bill payment service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

To the extent permitted by law, I understand that I have the right to refuse consent or revoke authorization of direct deposit at any time without fear of retaliation, and I have the right to receive any payment owed to me by other means. This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and manner as to afford Company and Bank reasonable opportunity to act on it.

Legal Name _____

Signature _____ Date _____