Fit Choices® by Medica Enrollment Form

ES _____

Fitness Center Name _____

Address _____

City, State, Zip _____

Type of Authorization: ❑ New Enrollment ❑ Change in Insurance Info ❑ Change in Bank Account Info

Member Name: First _____ Last _____

Member Address: _____ City _____ State ____ Zip _____

Date of Birth: ____/____/____ Phone #: _____ Email Address: _____

Health Plan Member ID_____ Health Plan Group ID _____

Health Club Membership Type Single Couple Family

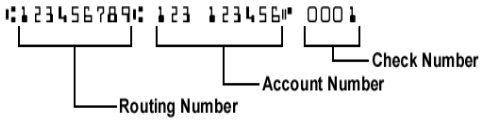
Health Club Member ID _____

Health Club Membership ID _____

Date Enrolled in Fit Choices® _____ /_____ /_____

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

Routing Number: _____



Account Number _____

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

➡ **Signature** _____

Date _____ /_____ /_____

PLEASE ATTACH INSURANCE CARD HERE

PLEASE ATTACH VOIDED CHECK HERE

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