

Frequent Fitness[®] by Health Partners 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 on Card: First _____ Last _____

Member Address: _____ City _____ State ____ Zip _____

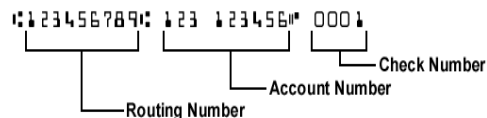
Date of Birth: ____/____/____ Phone #: _____ Email Address: _____

Club Member ID: _____ Monthly Dues: _____ Frequent Fitness[®] Enrollment Date: ____/____/____

Health Partners Group Number: _____ Health Partners Medical ID Number: _____

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

Routing Number: _____

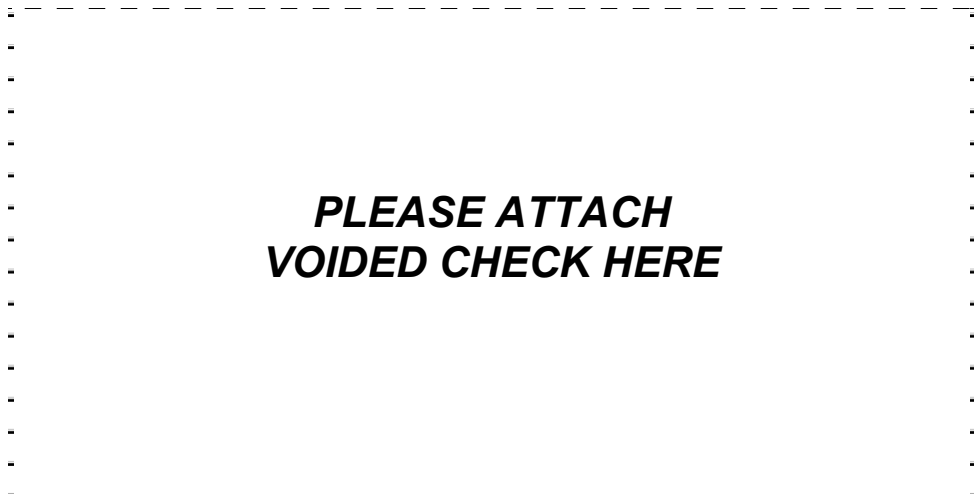
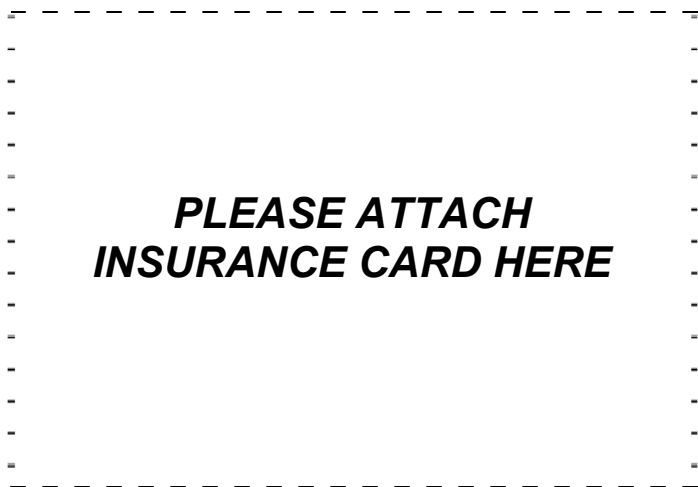


Account Number _____

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

Signature _____

Date ____/____/____



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Fitness Rewards[™]**