



23 Commercial Way, Unit D  
 Hanson, MA 02341  
 617.962.0257  
 cynergytraining.com

**Authorization Agreement for Direct Payment (ACH Debits)**

I (we) authorize Cynergy Training, hereinafter called COMPANY, to initiate debit entries to my (our) \_\_\_checking account/\_\_\_savings account (select one) indicated below at the depository financial institution named below, hereafter-called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Attach Voided check here

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

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

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

This authorization is to remain in full force and effect until COMPANY has received notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.  
**(30-day notice)**

Name(s) \_\_\_\_\_  
 (Please Print)

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

**NOTE: DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**

#	Payment Option	\$	Total	Notes:
	6-months	\$175	\$1050	
	12-months	\$150	\$1800	
	High School	\$100	\$600	
	CrossFit Kids	\$ 75	\$450	
	CrossFit Kids Multiple	\$ 50	\$300	Price for each child
	Family	\$350	\$4200	