

PreferredOne

Fitness Center Name _____
 Address _____
 City, State, Zip _____

IMPORTANT:

You must verify eligibility with PreferredOne before completing this form.

Type of Authorization: New Authorization Change in Account Information Change in Insurance Information

First Name _____ Last Name _____ Middle Initial _____
 Account ID _____ Member ID _____
 Date of Birth ____/____/_____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Email _____
 Fitness Center Member # _____ Monthly Fitness Center Dues \$ _____
 Date Enrolled in Fitness Center Membership ____/____/_____

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

Routing Number: _____
Located at the bottom of the check between the symbols | : | :

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 ____/____/_____

PLEASE ATTACH VALID INSURANCE CARD HERE.

PLEASE ATTACH VOIDED CHECK HERE.



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- ___ A. I understand each adult must work out a minimum number of days per calendar month, as required by the employer, to receive the \$20 credit towards the fitness center membership fee. Each adult can qualify for a \$20 monthly reimbursement towards the membership fee. A maximum of two qualifying adults per household may participate in this program.
- ___ B. I understand there will be a period of time between the completed month and the applied reimbursement. Example: work out twelve days in January, verified in February, reimbursement applied in March.
- ___ C. I understand the reimbursements issued cannot exceed the total monthly membership for the month the reimbursement is applied.
- ___ D. I understand that canceling my membership will result in forfeiture of any unapplied reimbursements.
- ___ E. I understand that it is each adult's responsibility to ensure that their visit is recorded at the time of their workout.