

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 _____

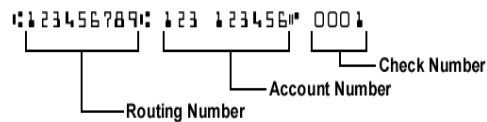
Date of Birth: ____/____/____ Phone #: _____ Email Address: _____

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 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
INSURANCE CARD HERE**

**PLEASE ATTACH
VOIDED CHECK HERE**



e.service[®]
Fitness Rewards[™]