

**Briggs Wellness Center**  
 399 Ninth St N., Naples, FL 34102  
 PH: (239) 624-2750 - Fax: (239) 624-2751



**Whitaker Wellness Center**  
 2330 Immokalee Rd., Ste 1, Naples, FL 34110  
 PH: (239) 624-6870 Fax: (239) 624-6871

## NCH Wellness Center Electronic Funds Transfer (EFT) Authorization Agreement

I (we) \_\_\_\_\_ hereby authorize Naples Healthcare System, Inc. Wellness Center to initiate debit and/or credit entries of membership dues and applicable appointment fees to my (our) account indicated below and does further authorize the depository institution named below to debit and/or credit such entries to my (our) account.

**SELECT CHOICE BELOW**

**OPTION 1** Payment from a Checking Account. A voided check must be attached to this form.

**OPTION 2:** Payment by Credit Card - Circle One (Visa, MasterCard, Discover or AmEx)

**Credit Card Number** (Last 4 digits only) \_\_\_\_\_ **Expiration Date** (mm/yy): \_\_\_\_\_

*I acknowledge and agree to the following terms and conditions outlined in this EFT Form with my signature below:*

**EFT TERMS & CONDITIONS**

- The EFT Authorization Agreement will remain in effect until terminated by either party upon written notice, unless member refuses payment for debit entry or sufficient funds covering the EFT are unavailable, in which case the agreement may be terminated by the Wellness Center.

**Monthly Membership:**

- **Drafts-** Members participating in the EFT program for the first time will have membership dues drafted beginning the month after the completion of this form. All charges or credits on the member’s account prior to the first EFT will be collected at time of transaction. Drafting occurs on the 1st day of each month. Failed drafts are re-run on the 2<sup>nd</sup> day of the month. If the drafting date falls on a holiday or weekend day, the amount will be drafted the next business day. Monthly drafts will include all fees accumulated on or prior to the date of drafting including membership dues, any unpaid balances for membership and/or services, and the full cost of massage/pilates/wellness training appointments cancelled by the member with less than a 24 hour notice.
- **Discrepancies-** Any discrepancies discovered after payment of a month’s dues will be adjusted on the next scheduled draft date for monthly members. If any amount does not agree with your records, please notify us at either (239) 624-2750 or (239) 624-6870 and we will suspend EFT of a particular month’s dues until the issue is resolved.
- **Holds-**This EFT form serves as notice that member is aware of and agrees to NCH Wellness Hold Policy. Holds must be done in writing and are due by the 25th day of the preceding month of the requested cancel/hold date. No refunds are provided on EFT draft for cancel/hold forms turned in after the 25th of the month. Holds are not permitted prior to the first full month’s billing cycle following joining or a reactivation.

**Massage & Pilates Reformer:**

- To schedule a massage and/or Pilate’s reformer appointment, a credit card and completed EFT form must be on file regardless of your payment method. This includes those paying via payroll deduct, gift-card, gift-certificate or a package/series sale.
- If participating in massage and/or Pilates services, a minimum notice of 24 hours from the scheduled appointment time is required to reschedule and/or cancel. Changes or cancellations must be done via the phone, email, or in person during the Center’s business hours only. If less than 24-hour notice is provided, or you fail to show up for your appointment, you will be charged the full price of the appointment on the day of the scheduled appointment.

*I have read and understand all ramifications of this request.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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