

FLEX HealthSmart Virtual Fitness Membership



I ELECT TO PAY:

- (a) ___ Monthly
(b) ___ Paid In Full (PIF)

Ph: 203-605-3812

FLEX Mobile App Payment Form

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants with respect to any aspect of a credit transaction on the basis of race, color, religion, national origin, sex or marital status, or age (provided the applicant has the capacity to contract). The agency that administers compliance with this law is the Federal Trade Commission, Equal Credit Opportunity, Washington, D.C.

I. MEMBER INFORMATION ONLY – TO BE FILLED OUT BY APPLICANT (PLEASE PRINT CLEARLY)

I, _____, authorize HealthSmart to process Electronic Funds Transfer (EFT) Credit Card transactions for payment of FLEX and to provide financial services companies designated to process said transactions.

FIRST	MI	LAST

Personal Information

Personal Email	
Street	
City	
State, ZIP	
Telephone	

II. EFT INFORMATION –

Credit Card Account (please check box)

- Visa MasterCard Discover Amex

Name on the Account	Account Number	Expiration Date

III. CONTRACT INFORMATION – MUST CHECK APPROPRIATE BOX

- FLEX Virtual Mobile Fitness \$3.00 monthly
Renewable **monthly** for a total monthly price of **\$36.00 annually**.
- FLEX Discount Fee \$30.00 annual
Renewable for a **12** month period of time for a **pay-in-full** price of **\$30.00**
Note: Pay-In-Full is non-refundable.

HealthSmart is authorized to process a monthly membership fee.

My authorization for monthly payment processing will continue until I provide 15-day written notification to HealthSmart to discontinue said processing,

Email Cancellation to doug_ballard@att.net

Member's Authorized Signature

Date

Email form to doug_ballard@att.net