

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: _____

⑆ 23456789⑆ 123 456789010001
 | | |
 Routing Number Account Number Check Number

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
 INSURANCE CARD HERE**

**PLEASE ATTACH
 VOIDED CHECK HERE**



e.service[®]
 Fitness Rewards[™]