



Wellness Center Payment Form

LAST NAME

FIRST NAME

PHONE

PAYMENT FOR (Membership/Program)

DAY

TIME

CARD NUMBER (16 digits)

EXPIRATION DATE (Month/Year)

CARD TYPE (Mastercard/VISA/Discover)

NAME AS IT APPEARS ON CARD

PAYMENT INFORMATION

- Individuals may pay with VISA, MASTERCARD or DISCOVER.
- This sheet will be held in a secure place until payment is processed and then will be destroyed upon payment verification
- This form is valid for the payment of 1-month, Flex-Term or 12-month membership fees; Group Exercise, Intramural Sports and Youth & Family program fees; and pre-approved facility rentals.
- This form is not valid for payment of guest passes, personal training or monthly payroll membership fees.

AGREEMENT TO PAY

By signing below, I authorize the Medical College of Georgia Wellness Center to obtain payment for the fees for which I am currently responsible by the method that I have indicated above.

If payment cannot be completed for any reason, the Wellness Center will cancel any enrollment and remove the application (or applicant's team) from the program roster/schedule without notice. Should a registration deadline pass without the payment received, the Wellness Center is under no obligation to reschedule or add to the list of participants.

SIGNATURE

DATE