

weightwatchers health solutions

MONTHLY PAYMENT OPTION

Recurring Credit Card Payment Pre-Authorization Form

First Name: Initials: Last Name:
please print clearly

Daytime Phone Number:

Email Address:

Company Name: Inner Fit Studios Meeting Number: A533

Member Start Date: 1 / 20 / 2018 Number of Weeks in Meeting Series: 16
MMM DD YYYY

I authorize Weight Watchers Canada, Ltd. To charge my credit card for my Weight Watchers Health Solutions series fees as follows:

Weeks to be paid: 16 of a 16 week series. Series fees to be paid: \$201.44

1st Installment of \$ 50.36 to be charged on receipt of the signed Monthly Payment Option Pre-Authorization Form at the Weight Watchers corporate office. (*within 5 to 10 business days*)

Remaining 3 installments of \$ 50.55 to be charged on the 22nd day* of each month, starting on Feb / 20 / 2018 and ending in Apr-18.
MMM DD YYYY

** Please note: If this date is greater than the last day of the month, the payment will be charged to your credit card on the first day of the following month.*

Card Type:   

Credit Card Number: Expiration Date:

Cardholder Name:
(as it appears on the credit card)

Authorized Signature: Date:

STAFF USE ONLY

Please attach copy of credit card imprint marked void here.

The Weight Watchers At Work Program grants refunds in situations where the member:
-leaves the employment of the Client Company, or according to Weight Watchers standard cancellation terms

WHITE: Mail in Tally envelope. PINK: Member copy.

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