

DIRECT DEBIT MANDATE

ABC Fitness & Health NV
Bonaire, Dutch Caribbean
Tel.: +599 7170405
Email: info@dreamzfitness.com



To Bank: ___ MCB Bank Bonaire _____

Name Account Holder: _____

Account #: _____

Contract #: _____

Date: _____

I, _____ authorize you to charge my account with variable amount(s) direct debit on various dates and multiple attempts* on the request of ABC Fitness & Health NV. This includes membership fees and debts on my account which will be charged every 28th of the month.

This Direct Debit Mandate will be valid for the duration of my contract (including automatic renewals) with ABC Fitness & Health NV / (DREAMZ FITNESS).

* I agree and understand that there will be an extra charge of USD 1,00 per direct debit transaction and if **direct debits returned to my account due to insufficient funds, my account will be charged an extra USD 10 fee.**

Signature: _____