



**LOS ANGELES ATHLETIC CLUB**

---

---

**CHECK AUTHORIZATION FORM**

---

---

MEMBER NAME

MEMBER NUMBER

NAME ON CHECKING ACCOUNT

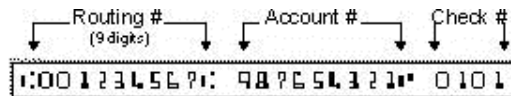
ADDRESS ON CHECKING ACCOUNT

BANK NAME

ADDRESS (CONTINUED)

ROUTING # (9 digits)

ACCOUNT # (2<sup>nd</sup> set of numbers)



**Please include a copy of a voided check**

---

---

Please sign to indicate AUTO-PAY to take effect on a monthly basis for FULL BALANCE DUE, on or around the 15<sup>th</sup> of each month. You will still receive a printed statement at the beginning of each month describing your charges.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date