

**BLOMEYER HEALTH FITNESS CENTER AT EMORY AFFILIATE
PARKING VALIDATION AGREEMENT**

I _____ authorize Blomeyer Health Fitness Center at Emory to deduct \$15.00 from my Payroll/Bank Draft on a monthly basis. The deduction will begin _____. I understand that this authorization agreement shall remain in force until I give Blomeyer Health Fitness Center at Emory a 30-day written notice of my intent to terminate my parking validation agreement.

If I decide to end my gym membership or validation privileges, I understand that my written notice of cancellation must be received by the 15th of the month to become effective on the 1st of the following month. _____ (Member Initials)

Authorizing signature: _____

Name (Print): _____

Phone: _____

Email: _____

Employee I.D. number: _____

_____ (Staff Initials) issued this parking validation agreement on _____ (Date)

