

REFUND FORM



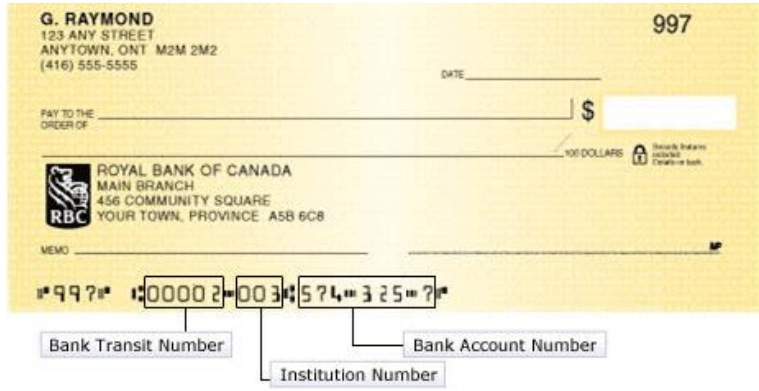
Please read the Terms and Conditions indicated below before completing this form.

Client Details : (Membership Holder)

Name:	Last Name:
Telephone :	Client ID:

Direct Deposit :

I've provided my banking information **OR** I've attached a void Cheque



Name of Account Holder :

TRANSIT	INSTITUTION	ACCOUNT NUMBER

READ CAREFULLY

Terms and Conditions

- You are responsible for providing accurate bank account information.
- Any fees or balances owed due to declined payment will be deducted from your refund.

Declaration:

By signing below, I hereby authorize Gym-Max Gatineau to issue my refund by the method indicated above. I acknowledge that I have read and understood the Terms and Conditions as outlined above.

Member Signature
Date :

Employee Signature

ADMINISTRATION SEULEMENT

DATE D'EXPIRATION:	
\$/2 SEM.	\$/JOUR :
# JOUR	
TOTAL REMBOURSEMENT :	

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