Fit Choices® by Medica Enrollment Form

ES _____

Fitness Center Name _____

Address _____

City, State, Zip _____

Type of Authorization: ❑ New Enrollment ❑ Change in Insurance Info ❑ Change in Bank Account Info

Member Name: First _____ Last _____

Date of Birth _____/_____/_____

Health Plan Member ID_____

Health Plan Group ID _____

Health Club Membership Type Single Couple Family

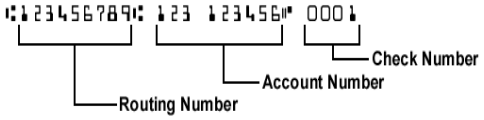
Health Club Member ID _____

Health Club Membership ID _____

Date Enrolled in Fit Choices® _____ /_____ /_____

Account Type: ❑ Checking **(attach voided check below)**
❑ Savings **(attach savings deposit slip below)**

Routing Number: _____



Account Number _____

I authorize the above health club and Vanco Services, LLC to process credit entries to the account indicated above. This authorization will remain in effect until I notify the above health club to discontinue the electronic deposit of funds.

Signature _____

Date _____ /_____ /_____

FOR HEALTH CLUB USE ONLY

Reimburse: ❑ *Member* ❑ *Health Club*

PLEASE ATTACH INSURANCE CARD HERE

PLEASE ATTACH VOIDED CHECK HERE

Fax to:
952-983-8665

e.service®
Fitness Rewards™

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