



Membership Auto-Draft Authorization

Note* Dow has partnered with Greater Midland to manage the Operations of the staffed Wellness Centers in the U.S.

I, _____, hereby authorize Greater Midland to initiate monthly
PRINT NAME

electronic fund entries on the 20th of each month in the amount of \$ _____ for _____
TYPE OF MEMBERSHIP

from my:

- Checking Savings

Financial Institution _____

Must provide bank account information in the form of a check, deposit slip, or other official document stating name on account, financial institution, routing number, and account number.

Terms and Conditions

1. I understand that this is a continuous membership plan that will remain in effect for as long as I retain my Greater Midland membership card issued to me.
2. I understand that if I wish to terminate or change my membership in any way, I must give my Dow Wellness Center team a 7-day written notice. A refund will not be given if a 7-day written notice is not provided.
3. I understand that it is my responsibility to notify the Dow Wellness Centers if there is a change in employment status or a change in my physical location.
4. Should a membership deduction not be honored by my bank for any reason, I realize that I am still responsible for payment, plus a service charge of \$15, applied by Greater Midland. This is in addition to any service fee my bank may make. I understand that it is my responsibility to notify Greater Midland, in writing, should I change my financial institution and/or account at any time. If non-sufficient funds occur more than one time, my membership will be cancelled and penalty costs will be charged. In order to rejoin, all old balances must be paid.
5. I understand that it is a requirement to pay the initial fee, consisting of the current month prorated to the next billing date + one month in full, before my membership is deemed valid.

This authorization remains in effect until Greater Midland Corporate Wellness has received a 7-day written notification from me indicating my desire to discontinue my membership.

Auto-Draft Authorization Signature _____ Date _____

Wellness Staff Signature _____ Date _____