



2110 Main Street
Dunedin, FL 34698

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AUTO-PAY HOLD FORM

MUST BE 7 DAYS PRIOR TO NEXT AUTO-PAY CYCLE

CLIENT NAME: _____

HOLD DATE FROM: _____ TO: _____

Reason for putting a hold on your Auto-pay Membership Agreement:

- Family emergency that requires you to travel 20 miles away from Rock Solid Fitness.
- Illness in which a Medical Doctor has ordered no exercise (Requires Doctor's note).
- Traveling out of the city.

Travel Dates : _____ to _____ Place: _____

*YOUR MEMBERSHIP RATE WILL BE PRO-RATED FOR THE MONTH(S) DURING YOUR HOLD PERIOD

CLIENT SIGNATURE: _____ DATE: _____

*******TO BE COMPLETED BY ROCK SOLID FITNESS MANAGER*******

DATE THE CURRENT CYCLE IS PLACED ON A HOLD: _____

DATE THE AGREEMENT IS OFF THE HOLD: _____

COMPLETED BY: _____ DATE: _____

SIGNATURE: _____ TITLE: _____

NOTES: