Frequent Fitness® by Health Partners Enrollment Form

HealthPartners®

ES _____

Fitness Center Name _____

Address _____

City, State, Zip _____

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

Member Name on Card: First _____ Last _____

Member Address: _____ City _____ State ____ Zip _____

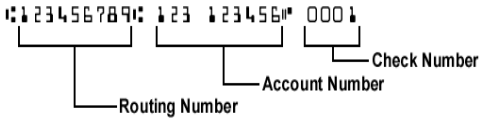
Date of Birth: _____/_____/_____ Email Address: _____

Club Member ID: _____ Monthly Dues: _____ Frequent Fitness® Enrollment Date: _____ /_____ /_____

Health Partners Group Number: _____ Health Partners Medical ID Number: _____

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

Routing Number: _____



Account Number _____

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

Signature _____

Date _____ /_____ /_____

PLEASE ATTACH INSURANCE CARD HERE

PLEASE ATTACH VOIDED CHECK HERE

VANCO® SERVICES

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Fitness Rewards™