

[FACILITY NAME]

[Address Line 1]
[City, State, Zip]
[Phone Number]

RECURRING INVOICE

Invoice #: [0000]
Billing Date: [Month DD, YYYY]
Cycle: [Monthly/Quarterly]

CLIENT INFORMATION

[Client Name]
[Client Address]
[City, State, Zip]
Member ID: [ID-000]

PAYMENT STATUS

Method: [Auto-Pay / Card on File]
Next Charge: [Month DD, YYYY]
Status: [Pending/Processed]

Description	Period	Amount
[Membership Tier Name] Membership	[Date] to [Date]	\$0.00
[Service: e.g., Personal Training/Locker Rental]	[Date] to [Date]	\$0.00

Subtotal: \$0.00
Tax (0%): \$0.00

Total Due: \$0.00

NOTES

This is a recurring charge. To cancel or modify your membership, please provide notice [X] days prior to the next billing cycle. All memberships are subject to facility terms and conditions.