

DEBIT/CREDIT CARD DRAFT



**AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS
THIS IS MY AUTHORIZATION TO THE
EDWARD M. ARMFIELD, SR. CIVIC & RECREATION CENTER, INC.
TO AUTOMATICALLY DEBIT MY
() CREDIT/DEBIT CARD**

CREDIT/DEBIT CARD TYPE () VISA () MASTERCARD () AMEX

CARD # _____ EXP. DATE _____ CSC CODE _____

ADDRESS FOR CC BILLING: STREET _____ ST _____ ZIP _____

I can cancel my credit/debit card automatic payment by signing an automatic payment cancellation form in person notifying the Edward M. Armfield Sr. Civic & Recreation Center that I no longer desire their services. I acknowledge that upon cancellation of my account it will require 15 days to activate this cancellation and **there will be ONE additional draft on my account, if the cancellation occurred less than 15 days prior to my draft date.** It is the member's responsibility to check their bank records to make sure that the draft/debit has been nullified.

I understand that the Sekure Merchant system will automatically update specific card information each month and will submit a charge using this new information. _____ (initial)

I understand that if I have two declines on my card and our attempts to reach you have been unsuccessful, my draft will automatically be cancelled and I will be assessed a fee to rejoin. _____ (initial)

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

MEMBER _____ DATE _____ 20 _____

RESPONSIBLE PARTY _____ PHONE # _____

FIRST DEBIT/CC PAYMENT DATE _____ TOTAL AMOUNT TO BE COLLECTED \$ _____

STAFF _____