



AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS

**THIS IS MY AUTHORIZATION TO THE
EDWARD M. ARMFIELD, SR. CIVIC & RECREATION CENTER, INC.
TO AUTOMATICALLY DEBIT MY
() CHECKING () SAVINGS ACCOUNT () CREDIT/DEBIT CARD**

ABA# _____ ACCOUNT# _____

FINANCIAL INSTITUTE BRANCH _____

City _____, St. & Zip _____

CREDIT/DEBIT CARD TYPE () VISA () MASTERCARD () DISCOVER
CARD # _____ EXP. DATE _____ CSC CODE _____

ADDRESS FOR CC BILLING: STREET _____ ST _____ ZIP _____
Phone # _____

I can cancel my bank draft or 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 if I stop payment on the remaining draft, I will be assessed the service charges incurred by the Edward M. Armfield Sr. Civic & Recreation Center. I further understand that I must return my key tag and that I will receive a temporary pass for the remaining time I have paid for or will be paying for.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

MEMBER _____ DATE _____ 20 _____

RESPONSIBLE PARTY _____ STAFF _____

(IF MORE THAN ONE MEMBERSHIP)

MEMBER #2 _____ MEMBERSHIP CODE _____ AMOUNT\$ _____

MEMBER # 3 _____ MEMBERSHIP CODE _____ AMOUNT\$ _____

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