

MEMBERSHIP PAYMENT AUTHORIZATION

NOTICE TO MONTHLY DRAFT PAY MEMBERS

I/we understand that my/our membership will be renewed on a continual basis unless notified by myself to terminate the membership. Should any pre-authorized check/charge for my/our monthly draft not be honored by my/our financial institution when received by them, then it is understood that the payment is to be made by me in the amount of said payment, and I realize that I am responsible for that payment plus a service charge. This service charge does not include possible fees imposed by my financial institution. I/we understand that if two monthly drafts are rejected my membership could be cancelled. I, the undersigned, have read, understand and agree to the above.

Signature: _____ **Date:** _____

ELECTRONIC FUNDS TRANSFER (EFT) OR CREDIT CARD AUTHORIZATION

I authorize the Cornerstone Aquatics Center to debit my account as indicated below on a monthly basis. Should any preauthorized EFT or credit card payment not be honored by my financial institution, then it is understood that the payment is to be made by me in the amount of said payment plus service charge. It is further understood that if such payment is not honored by my financial institution, then Cornerstone Aquatics Center, at its discretion, may resubmit the amount due for payment on a future date.

I choose to utilize the EFT option for my monthly draft payment

Financial Institution Name: _____

Name on Account: _____

Routing/Transit Number (9 digits): _____

Accounting Number: _____

Type of Account (check one): Individual Business

I/we agree that the monthly amount debited will be \$ _____

Authorized Signature: _____ **Date:** _____

I choose to utilize the credit card payment option for my monthly draft payment.

Please check one: VISA Discover MasterCard

Name on card: _____

Card number: _____ Exp.: _____ Security Code: _____

Billing Address (if different than one listed on membership application):

Authorized Signature: _____ **Date:** _____

