



Mittleman

Jewish Community Center
Schnitzer Family Campus
6651 SW Capitol Highway, Portland, OR 97219
P: 503.244.0111 | F: 503.245.4233 | oregonjcc.org

Swim Team Registration Payment Authorization

Responsible Party Name _____ Date _____

Responsible Party Birthdate _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Emergency Phone _____

If participant is a minor:

Parent Name 1 _____ Parent Name 2 _____

Participant Name (First and Last)	Birthdate	Member Y/N	Bronze: Cost: \$115. Member Cost: \$95. Silver: Cost: \$140. Member Cost: \$115. Gold: Cost: \$160. Member Cost: \$135.	Monthly Fee
TOTAL				

Monthly Authorizations	
<p>AUTOMATIC CREDIT CARD CHARGE</p> <p>I authorize Mittleman Jewish Community Center (MJCC) to charge my credit card account to pay the above amount on approximately the 1st of each month, commencing ___/01/20__.</p> <p>Additionally, I authorize the MJCC to charge my credit card/ bank account for swim meet fees plus a \$10 coaching fee for each meet in which s/he is entered.</p> <p>This authorization is to remain in effect until I provide written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.</p> <p><input type="checkbox"/> Mastercard <input type="checkbox"/> VISA <input type="checkbox"/> American Express</p> <p>Credit Card #: _____</p> <p>Exp. Date: _____ CVC #: _____</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>AUTOMATIC FUNDS TRANSFER</p> <p>I authorize Mittleman Jewish Community Center (MJCC) to transfer funds from my checking account to pay the above amount on my MJCC account on approximately the 1st of each month, commencing ___/01/20__. (Please attach check if new authorization.)</p> <p>Additionally, I authorize the MJCC to charge my credit card/ bank account for swim meet fees plus a \$10 coaching fee for each meet in which s/he is entered.</p> <p>I authorize the financial institution identified below, to accept these charges to my account. This authorization is to remain in effect until the MJCC has received written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.</p> <p>Bank/Financial Institution: _____</p> <p>ABA#: _____</p> <p>Account #: _____</p> <p>Account Name: _____</p> <p>Signature: _____ Date: _____</p>