



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: \$145. Member Cost: \$120. Silver: Cost: \$175. Member Cost: \$145. Gold: Cost: \$220. Member Cost: \$185.	Monthly Fee
TOTAL				

Monthly Authorizations

AUTOMATIC CREDIT CARD CHARGE

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__.

Additionally, I authorize the MJCC to charge my credit card/bank account for swim meet fees plus up to a \$40 coaching fee for each meet in which s/he is entered.

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by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.

☐ Mastercard ☐ VISA ☐ American Express

Credit Card #: _____

Exp. Date: _____ CVC #: _____

Signature: _____

Date: _____

Please note: A credit card processing fee will be added.

AUTOMATIC FUNDS TRANSFER

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.)

Additionally, I authorize the MJCC to charge my credit card/bank account for swim meet fees plus a \$40 coaching fee for each meet in which s/he is entered.

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by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.

Bank/Financial Institution: _____

ABA#: _____

Account #: _____

Account Name: _____

Signature: _____ Date: _____