



CREDIT CARD AUTHORIZATION AUTO-DEBIT PAYMENT FORM

Account Holder Name: _____ Membership #: _____
First Middle Initial Last

Name Listed on Credit Card (if different than above)			
Card Billing Address/City/ST/Zip			
Phone Number of Card Holder			
Email of Card Holder			
<input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card	Type of Card (EX: VISA)	Last four digits on card	Expiration Date

	TYPE OF MEMBERSHIP	INITIAL PRO-RATED FEE	RATE CHARGE PER MONTH
Membership			
Locker(s) Rental	\$3.00 per month/locker		
Total Monthly Debit Amount			

Terms of Agreement

- Members will be charged a pro-rated membership fee upon their initial registration.
- There is a **minimum of three-months participation** in the Monthly Auto Debit Program.
- The debit will be processed on the **"date of signup" each month** and will begin the month following the date of purchase.
- After the three-month period enrollment in the Monthly Auto Debit Program may be discontinued at any time, by sending a *written request, 14 days prior to draft date, to the Lake Jackson Recreation Center, to avoid further charges.*
- Changes to the Membership or Credit card must be submitted in writing 14 days prior to draft date to the Lake Jackson Recreation Center, to avoid further charges.
- Declined payments will result in the automatic suspension of the membership(s). The Balance must be paid prior to participating in any future passes and/or programs. Members who receive three (3) declined payments in the course of one (1) year will no longer be eligible for the Monthly Auto Debit program.
- Members who terminate the Auto Debit payments through their financial institute and fail to notify the Lake Jackson Recreation Center in writing, will still be obligated to this agreement and treated as a declined payment.
- An email will be sent to the pass holder notifying them that the Monthly Auto Debit was declined and payment is required. Once payment has been made at the Lake Jackson Recreation Center, the suspended membership(s) will then be automatically valid.
- This authorization will remain in effect until revoked by me, my financial institution, or the City of Lake Jackson.

I hereby authorize the City of Lake Jackson Parks and Recreation to transfer monthly payment of \$_____ from my account for the payment of a monthly Lake Jackson Recreation Center membership until revoked in writing by me.

Signature of Card Holder: _____

Date: _____