



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

ABA# _____ ACCOUNT# _____

FINANCIAL INSTITUTE BRANCH _____

IN _____, _____
City State & Zip

I have the right to cancel my bank draft by signing a bank draft cancellation form in person notifying the Edward M. Armfield Sr. Civic & Recreation Center that I no longer desire their services. I acknowledge that I have been told that upon cancellation of my account it will require 30 days to activate this cancellation and **there will be ONE additional draft on my account, if the cancellation occurred after the fifth working day of the previous month.** It is the member's responsibility to check their bank records to make sure that the draft 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. **If I decide to rejoin this facility, there will be a re-activation fee for this account.**

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

MEMBER _____ DATE _____ 20 _____
NAME

RESPONSIBLE PARTY _____ STAFF _____
NAME

(IF MORE THAN ONE MEMBERSHIP)

MEMBER #2 _____ MEMBERSHIP CODE _____ AMOUNT\$ _____
NAME

MEMBER # 3 _____ MEMBERSHIP CODE _____ AMOUNT\$ _____
NAME

FIRST DRAFT DATE _____ TOTAL AMOUNT TO BE DRAFTED\$ _____