



LAURI ANN WEST
COMMUNITY CENTER

Monthly Recurring Payment Authorization Form

Billing Information: (Must be the same as it appears on the Statement)

FIRST NAME

MIDDLE INITIAL

LAST NAME

BILLING ADDRESS

PHONE NUMBER

E-MAIL

EFT Information

Credit/Debit Card Information

Name on Account: _____

Name on Card: _____

Bank Routing Number: _____

Card Type:

Bank Account Number: _____

Visa

MasterCard

Account Type: ___ Checking ___ Savings

American Express

Discover

Please provide a blank voided check

Credit Card Number: _____

Card Expiration Date: _____

By signing below, I authorize Lauri Ann West Community Center (hereinafter "LAWCC"), to charge my credit card or bank account, listed above, monthly as payment for fitness membership, services and/or products. If LAWCC is unable to process my monthly payment I shall be fully responsible for an alternate payment arrangement and any resulting processing fees as identified in the new member handbook. This authorization is in effect until I notify LAWCC to terminate this payment arrangement. Termination of such membership requires a 15 day notice before the next withdraw date. I understand that all expenses will be charged on my behalf and these may include unpaid charges from previous months. I also understand that my monthly membership fee of \$_____ will be deducted from my credit card or bank account on the _____ of each month starting on _____.

By signing this authorization, I acknowledge that I have read and agree to all the information contained herein and certify that all information provided is correct. I also agree that I will not dispute any charges with my Credit Card Company or bank without first making a good faith effort to remedy the situation directly with LAWCC. I am the legal cardholder for this credit card and I am legally authorized to enter into this recurring credit card billing agreement with LAWCC.

Member Signature: _____

Date: _____

Printed Name: _____

First Draft Date: _____