

ACH / Credit Card Payment Authorization

You authorize regularly scheduled charges to your Credit Card or Bank Account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card or Bank Account Statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize **Windsor Great Park Recreation Association Inc.** to charge my Credit Card or Bank Account below for: \$_____ (total amount) beginning on _____ (Date) and ending on _____ (Date) on the _____ (day) of every month.

For Goods / Services Rendered: _____ Season 2021 Pool Membership Yes No

For Goods / Services Rendered: _____ Season 2021 Swim Team Dues Yes No

Billing Details

Billing Address: _____
 City, State, Zip: _____
 Phone: _____ Email: _____

Payment Information

Bank (ACH)		Credit Card	
Bank Name		Card Type	
Account Type		Cardholder's Name	
Name on Account		Credit Card Number	
Routing Number		Expiration Date	
*Account Number		Security Code (CVV)	
Fee	\$2.95 per transaction	Fee	\$3.95 per transaction

* Include all leading zeros

Statement of Understanding

I understand that this authorization will remain in effect until I cancel it in writing or until the terms are met. I agree to notify the merchant in writing of any change in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.

In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may, at its discretion, attempt to process the charge again within 30 days and agree to an additional \$25.00 charge for each attempt returned NSF; which will be initiated as a separate transaction from the authorized recurring payment.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law and I certify that I am an authorized user of this bank account / credit card and will not dispute these scheduled transactions with my bank. So long as the transactions correspond to the terms indicated in this authorized form.

Signature: _____ Date: _____