

STAMFORD INDOOR TENNIS

AUTHORIZATION FOR AUTOMATIC MONTHLY PAYMENTS

CREDIT CARD AUTHORIZATION

Authorization: I hereby authorize **STAMFORD INDOOR TENNIS CLUB** to charge my _____ MC _____ Visa _____ Discover.

Account#: _____ **Expiration Date:** _____ each month in payment of monthly dues and all other club charges.

Terms: This authority is to remain in effect until concealed by member with 30 day written notice.

Debit Return Charge: I understand that it is my responsibility to make sure that the credit card and number listed on this agreement are current and valid. If for any reason, any monthly dues charge is not accepted by the credit card company, I understand that a service charge will be added to my bill and that I am responsible for payment.

CHECKING ACCOUNT CHARGE AUTHORIZATION

Authorization: I hereby authorize **STAMFORD INDOOR TENNIS CLUB** to charge my checking account each month at the bank named below in payment of monthly charges and all other club charges.

Bank Name: _____ **Routing #:** _____ **Account #:** _____

Terms: This authority is to remain in effect until cancelled by member with 30 days written notice.

NSF Charge: I understand that it is my responsibility to ensure that sufficient funds are in my checking account to cover monthly charges, as the account will only be charged once each month. I understand any charge rejected because of insufficient funds (NSF) will result in a service charge which will be billed to me along with monthly dues that were rejected, I understand that I am responsible for payment of such charges. I understand this application cannot be processed unless a voided check showing y account number is attached. I elect to charge my monthly dues directly to my bank account, I hereby authorize any delinquent dues or charges to be automatically transferred to the credit card listed below. This information is required for applications acceptance.

***Please attach a voided check to this application.**

Visa _____ **MasterCard** _____ **Discover** _____ **Account # :** _____ **Expiration Date:** _____

Signature: _____ **PRINT NAME:** _____ **DATE:** _____

