BOYS & GIRLS CLUB
OF FAYETTEVILLE

AUTOMATIC PAYMENTS AUTHORIZATION AGREEMENT
Debit/Credit Card

Please mark all of the following that you would like automatic payment s to effect:

□ Adult Membership □ Family Membership □ Youth Membership

□ School Kids Connection (SKC) □ Afterschool Leadership Program (ALP)

I _____, hereby authorize the Donald W. Reynolds Boys & Girls Club, hereinafter called COMPANY, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the financial institution named below, hereinafter called FINANCIAL INSTITUTION, to credit and/or debit the same to such account.

This authority is to remain in full force and effect for at least twelve (12) months and until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

_____ _____
Name on Card (Please Print) Name(s) on Membership

_____ _____
Primary Phone Number Email

_____ _____ _____/_____
Card Number Card Type Exp. Date

_____ _____/_____/_____
Signature Date

Note: The monthly amount will be drafted on the 5th (or the closest following business day) of each month.

SKC/ALP PARTICIPANTS ONLY

Name(s) of Child(ren) Attending _____
School Site Name _____ □ Full Time □ Part Time
Months to Auto Debit (Please check all that apply)
□ January □ February □ March □ April □ May □ June □ July
□ September □ October □ November □ December

A COPY OF THE CREDIT CARD MUST BE ATTACHED TO THIS FORM*

Received by (Office Use Only):_____