

First Month _____ \$ _____
Last Month _____ \$ _____
Total Collected Today \$ _____
Staff Initials _____



Automated Monthly Payment Authorization Form

I, _____, agree to allow my credit card to be charged for the Huntley Park District fitness center membership monthly payment of \$ _____. (initials) _____

I will pay the first and twelfth month upfront in the amount of \$ _____ to begin my Automated Monthly Payment membership. (initials) _____

I understand that a monthly payment of \$ _____ (initials) _____ will be charged to my credit card account on the first (1st) day of each month. If the first (1st) falls on a holiday or weekend, the funds will be charged the following business day. **There will be a minimum of ten monthly charges to my credit card account starting _____ and ending _____.** In the event that I decide to cancel my fitness membership prior to the listed ending date above, the Huntley Park District will cease all remaining monthly payments and my upfront payment for the twelfth month that began my fitness membership will be deemed as nonrefundable. (initials) _____

It is the member's responsibility to notify the Huntley Park District of any change in the automated monthly payment information, including updated expiration dates of credit cards and/or changes in account numbers.

I understand that my membership will be automatically renewed as soon as this current payment schedule is completed. The next 12 transactions will be charged to my credit card account and the prevailing membership fee at the time of automatic renewal. I may elect in writing not to renew my membership or I may cancel my renewed membership at any time. The fee for my renewal membership will be guaranteed for the entire year. Subsequent years' renewals will be handled in the same manner.

ACCOUNT HOLDERS SIGNATURE _____ DATE _____

PARK DISTRICT STAFF SIGNATURE _____ DATE _____