



Staff Initials \_\_\_\_\_  
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Automated Monthly Payment Billing Agreement

### Auto Debit Billing Info

First & Last Name: \_\_\_\_\_

Form of Payment (circle one):      **MasterCard**    **Visa**    **Check**

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Driver's License # (if paying by check): \_\_\_\_\_

**If paying by check, please attach a void check**

### TERMS OF MEMBERSHIP

I understand that my automated monthly membership is for an initial 12-month period, after which the membership is continuous and requires no renewal. I understand that my membership will automatically renew upon its expiration date. I am responsible for all accrued dues and other charges in a timely manner.

I agree to allow my credit card/account to be charged for the Huntley Park District fitness center membership monthly payment agreed upon. **I agree to pay the first and twelfth month's payment upfront to begin my Automated Monthly Payment membership.**

I understand that the agreed upon monthly payments will be charged to my credit card/account on the first (1<sup>st</sup>) day of each month. If the first (1<sup>st</sup>) falls on a holiday or weekend, the funds will be charged the following business day. I understand that the membership costs are subject to change with a 30-day notice and I agree to abide by these changes, even if it is during my obligatory period.

My membership may be cancelled at any time by providing an in-person, written and signed notification of my intent 30 days prior to my intended month of cancellation. 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.

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 I am responsible for the entire amount due of this membership each month.

I acknowledge that by signing this document, I agree to all terms listed above.

**Member Signature** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_