

EPHRATA RECREATION CENTER

Authorization Agreement for Membership Direct Charge / Electronic Funds Transfer (EFT)

1 Year Minimum Term

Agreement Date: _____, 201__ Anniversary Date: _____, 201__

I / we authorize the Ephrata Recreation Center to initiate debit entries from my / our account at the bank or financial institution named below, and if necessary to initiate adjustments for any entries done in error.

Your account below will be debited on or around the 15th of each month beginning _____, 201__ for \$_____ per month until you cancel in accordance with this agreement. This membership has a one (1) year minimum term.

Your account below will be debited for a minimum of eleven (11) months and will continue at the monthly rate above until you cancel in accordance to this agreement. *I agree to this continuation of my dues on a monthly basis.* _____ (member initials)

An annual Administration Fee of \$_____ will be debited from the account below each year of your monthly membership on or around the 15th of your anniversary date of _____, 201 __. _____ (member initials)

To cancel the debit of the administration fee the Recreation Center requires written notice and cancellation of your membership 30 days before your anniversary date.

After completing the one (1) year minimum term this agreement can be terminated by either party with a written notification 30 days in advance.

Your monthly membership has a (1) year minimum commitment, and if you wish to cancel your membership early, a \$50 Buy Out fee is required with your 30 day cancellation notice. *I have read and understand the cancellation rights and debiting policies on this agreement.* _____ (member initials)

Prices herein stated are subject to change with written notice twenty five (25) days prior to the anniversary date of this agreement.

I / we understand that I / we are responsible for any debit entries not completed due to insufficient funds or closed accounts.

The Ephrata Recreation Center reserves the right to terminate a membership if debit entry or other payment is not received within fifteen (15) days of the due date as specified above.

Debit entries will be made on or about the 15th of each month.

Member Name: _____ SSN # _____

Signature: _____ Date: _____

Member Name: _____ SSN # _____

Signature: _____ Date: _____

Bank Name: _____ Branch: _____

Transit #: _____ Account #: _____

Please attach a VOIDED check in the area below.

Note: If there are two (2) names on your bank account, BOTH signatures are required to purchase the membership; even if only one adult is joining.