EPHRATA RECREATION CENTER

Authorization Agreement For Membership Direct Charge Electronic Funds Transfer (EFT)

Month to Month

Agreement Date:	, 20	Anniversary Date:	, 20
I / we authorize the Ephrata Recreat financial institution named below, ar		•	
Your account below will be debited of for \$ per month until you term. I agree to this continuation of my	cancel in accordan	ce with this agreement. This mem	
To cancel a monthly membership an written notification 30 days in advan agreement(member initials)			
Prices herein stated are subject to ch	ange with written	notice twenty five (25) days prior	to the 2nd of a month.
I / we understand that I / we are respaceounts. These fees will be withdrapaid in full prior to that date.			
The Ephrata Recreation Center rese not received within fifteen (15) days	_	_	try or other payment is
Debit ent	ries will be made or	or about the 2nd 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.