

**GREATER PLYMOUTH COMMUNITY CENTER
CREDIT CARD AUTHORIZATION**

I (we) hereby authorize the Greater Plymouth Community Center (Plymouth Township) to charge a monthly payment of \$ _____ on my credit card for payment for the Elite Basketball Afterschool Program for \$ _____.

(Total annual amount)

Credit Card processed on the 15th of each month. If the 15th falls on a weekend, then the card is processed on the next bank workday (the 16th or 17th). I (we) give the financial institution named below the authority to charge my (our) account as indicated.

NAME ON CARD

TYPE OF CARD (Visa, MC, Discover)

CREDIT CARD NUMBER

EXPIRATION DATE

CVV NUMBER (Security Code)

This authorization may not be discontinued until the program is paid in full. To change payment information, you must contact the Greater Plymouth Community Center (610) 277-4312 or 2910 Jolly Road, Plymouth Meeting, PA 19462. Any changes must in writing. Should funds no longer be available from the institution/account, the Greater Plymouth Community Center (Plymouth Township) maintains the right to cancel at any time. The Greater Plymouth Community Center (Plymouth Township) reserves the right to pass along any and all fees associated with the credit card transfers and returned (unaccepted) monthly transfers.

Unless otherwise provided by law, the undersigned assumes full responsibility for the consequences of any misuse or unauthorized use of or access to my credit card, or the disclosure of any confidential information or instructions pertaining to my account.

PRINT NAME ON CARD

AUTHORIZED SIGNATURE

DATE

CHILD (REN) NAME

PROGRAM NAME