

**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 of After School Rendezvous in the amount of \$\_\_\_\_\_.  
(total annual amount)

Credit Card will be processed the **15<sup>th</sup> of each month**. If the 15<sup>th</sup> falls on a weekend, then the card is processed on the next bank workday (the 16<sup>th</sup> or 17<sup>th</sup>). 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 be put 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