

**GREATER PLYMOUTH COMMUNITY CENTER
DIRECT DEBIT 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/Summer Camp in the amount of \$_____.
(total overall amount)

Credit Card will be processed the 15th of each month. If the 15th falls on a weekend, the card will be 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 ACCOUNT (Visa,MC, Discover, Amex)

CREDIT CARD NUMBER

EXPIRATION DATE

BILLING ZIP CODE

This authorization may not be discontinued until the program is paid in full and will remain in full. To change information, you must contact the Greater Plymouth Community Center (610) 277-4312. 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 (our) account, or the disclosure of any confidential information or instructions pertaining to my (our) account.

PRINT NAME ON CARD

AUTHORIZED SIGNATURE

DATE

CHILD(REN) NAME(S)

PROGRAM NAME