

BANK DRAFT AUTHORIZATION

For Office Use Only

MEMBER # _____	FIRST DRAFT _____	ANNIVERSARY DATE _____
TYPE OF MEMBERSHIP:		
<input type="checkbox"/> Family	<input type="checkbox"/> Adult	<input type="checkbox"/> College
<input type="checkbox"/> Scholarship Discount	<input type="checkbox"/> Military Discount	<input type="checkbox"/> Partnership Discount
<input type="checkbox"/> SP Family	<input type="checkbox"/> Senior	<input type="checkbox"/> Youth

First Name	Last Name
Address	City Zip

PLEASE READ ALL ITEMS OF THE BANK DRAFT PLAN

- 1) The Bank Draft form is authorization for the Carroll County Community Center to draft a member's bank account for monthly payments.
- 2) Bank draft payments are withdrawn from your account every month. If the 1st or the 15th of the month falls on a weekend or holiday, the bank draft payment will be drawn the following business day.
- 3) Memberships must be canceled by the 15th of the month to take effect for the next month. Membership will continue until canceled in writing and must include the member's signature. Monthly drafts will be made until the Carroll County Community Center receives such notification.
- 4) Membership privileges begin immediately upon receiving payment of member's joiner fee.
- 5) The Carroll County Community Center reserves the right to cancel any bank draft membership, without notice, if any account is closed, is returned for insufficient funds, or if stop payment notification is received from your bank. **THERE WILL BE A \$25 FEE ON ALL RETURNED DRAFTS OR RETURNED CHECKS.**
- 6) The Carroll County Community Center reserves the right to change membership rates with a 30-day notification to members. Notice of changes is mailed to the address provided by the member. The Carroll County Community Center Board of Directors governs all membership rate changes.
- 7) Members are requested to notify the Carroll County Community Center immediately of any mailing address or bank affiliation changes.
- 8) Membership cards will be available at the front desk. These cards are non-transferable and must be presented each and every time you use the facility.

REFUNDS WILL NOT BE GIVEN ON MEMBERSHIP DUES.

I authorize the Carroll County Community Center to initiate debit entries to my checking/savings account indicated below and authorize the bank named below to deposit the same amount into the account of the Carroll County Community Center. This authority is to remain effective until written request for termination is received. A \$25.00 service charge will be added to the next draft for all debit entries returned "NSF," and uncollected drafts will require payment by cash or money order to resume active membership. I acknowledge reading the above bank draft rules and agree to abide by them.

_____ Signature of Member	_____ Date	_____ Name on Account
_____ Name of Bank	_____ Transit/Routing #(9 digits)	_____ Account# <input type="checkbox"/> Checking <input type="checkbox"/> Savings

ATTACH A COPY OF THE VOIDED CHECK OR DEPOSIT SLIP

For Office Use Only:
Date Received: _____ Staff's Initials: _____ Date Entered in Computer: _____ Membership Director's Initials: _____