



Direct Debit/Credit Authorization Form

I hereby authorize the City of Rolla (d.b.a. The CENTRE) to transfer a monthly payment from my account for the payment of my membership at The CENTRE. I understand this authorization will stay in effect for the minimum contract period, and continue until I submit a membership cancellation form. I want this payment to be processed on the (check one) 1st _____ or 15th _____ day of the month. I give the financial institution named below the authority to charge my account as indicated.

A 60-day notice will be mailed or emailed informing you of any fee increases. I understand that if I do not cancel my membership by written 30-day notice, the new fees will be charged to my account.

Account Holder Information:

Applicant Name (as appears on account): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Evening Phone: _____

Checking Account Processing:

_____ I authorize the monthly payment(s) identified above to be processed from my checking account.

Financial Institution: _____

♦ *A voided check must be attached to process this application. First payment is due at the time of processing.*

Credit Card Processing:

_____ I authorize the monthly payment(s) identified above to be processed from my credit card account.

Credit Card No: _____ Expiration Date: _____

Type of Card (circle one): *VISA MasterCard Discover*

Please read and initial the Policies/Guidelines for Direct Debit/Credit Processing:

_____ This authorization is to remain in full effect until the notification of cancellation of membership. The pass holder has the right to cancel at anytime after the minimum contract period expires.

_____ The City of Rolla maintains the right to cancel at any time.

_____ All payments will be processed on either the 1st or 15th day of the month. If the designated payment day falls on a weekend or holiday, the debit will be processed on the next business day.

_____ To assure proper processing, cancellations or change of bank information must be received 14 days before your processing date.

_____ Cancellation requests must be in writing. To cancel or change information, please contact The CENTRE, 1200 Holloway St., P.O. Box 979, Rolla, MO 65402.

_____ Each occurrence of insufficient funds/credit card declined during the withdrawal process will result in a \$15 charge. Member will have 14 days from notification to pay missed payment and fee. Membership privileges will be suspended immediately and reinstated after full payment of amounts due. After two consecutive missed payments, all remaining fees will be placed on the household.

_____ If applicant is under the age of 19, their parent or legal guardian must sign the contract.

By signing below, I hereby authorize the processing of the monthly payment(s) and agree to the policies/guidelines identified on this form.

Account Holder Signature: _____ Date: _____