

ELECTRONIC FUNDS TRANSFER AUTOMATIC PAYMENT SERVICE AUTHORIZATION AGREEMENT



To participate in the Automatic Payment Service complete this form and return it with a voided check or valid credit card to:

**City of Rohnert Park
Callinan Sports and Fitness Center
5405 Snyder Lane
Rohnert Park, CA 94928**

• CUSTOMER INFORMATION

Financial institution name: _____

Account holder name (please print): _____

Account holder address: _____ Day Phone: _____ - _____ - _____

City and Zip Code: _____ Barcode: _____ (SFC staff will fill in)

Name(s) on membership card(s): _____

• BANK AUTHORIZATION

I authorize the City of Rohnert Park to begin deductions from my account with the financial institution named above for payment of my monthly Sports Center membership(s). I authorize \$ _____ to be automatically deducted starting _____, 2023.

Please **initial** each box.

My monthly Sports Center membership(s) will be automatically renewed *every 30 days* until cancelled in writing.

I understand that I have the right to stop these automatic payments with a written notice to the Callinan Sports and Fitness Center. I understand that **I must submit written notice of cancellation at least three (3) days prior to the next billing period for my membership.**

I understand that if the junior/teen on my membership advances to the next age group, the appropriate fees will be deducted accordingly.

I understand that the current rates paid for both monthly fees and annual dues can change at any time in the future. The Callinan Sports & Fitness Center will make its best effort to notify me of changes in the monthly or annual fees by email notification if email was provided by me.

I authorize the above named financial institution to pay and charge my account the amount of any Automatic Payment Service drawn on my account and payable to the City of Rohnert Park. A service fee of \$25.00 will be charged for any EFT returned by the bank unpaid. I understand that the City of Rohnert Park and/or the financial institution indicated reserve the right to end this payment plan and my participation therein.

Signature: _____ Date: ____/____/____

SFC staff use only: Membership form completed and attached Automatic Payment Method: Voided check (attached) Credit Card

Staff member: _____ Date received: ____/____/____ Date processed: ____/____/____