



Office Use Only - PRINT

Last name on Account: _____

Transaction completed by: _____

Monthly Membership Auto-Draft Authorization

Upon initial Auto-draft sign-up, and when making changes in my membership type, I will be charged a prorated amount from the date of sign up through the end of the next month.

I understand that the City of Frisco will charge my credit or debit card on the 25th of each month for payment of my monthly Frisco Athletic Center membership, unless the 25th falls on a weekend or holiday. On those occasions the charge will be made on the following business day.

Please inform the Frisco Athletic Center staff in writing of any changes in my billing or contact information should it occur.

I understand that nothing contained in this Authorization shall serve to reduce my obligation to pay for my membership, and the given authority shall remain in full force and effect until I provide written notification of cancellation. If the Frisco Athletic Center receives the cancellation request by the 20th of the month, Auto-Draft will terminate and my card will not be charged again. If the cancellation request is submitted after the 20th, my account will be billed for the following month. Monies paid in advance toward an Auto-Draft membership are not refundable, including payments processed in advance for renewal for the subsequent month.

If the City of Frisco is unable to process my payment due to no fault of their own, I will be responsible for an alternate payment arrangement. I will pay the balance due and update debit or credit card information within 7 days of being notified that my payment was not processed. I will not be able to use the facility until I've paid the balance in full. I understand that my membership will remain active through the end of the month and the balance due will remain on my account until paid, regardless of when I return to the facility.

Membership Type: Adult Family Senior Senior Couple Youth

Please Check One: Debit Credit

Select Card Type: Master Card Visa American Express Discover

Last 4 Digits of Card: # ____ ____ **Expiration Date: #** ____ ____

Name of Cardholder: _____

Signature of Cardholder: _____ **Date:** _____

By signing this authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate.

Member Name: _____

Address: _____

Phone #: _____ **Email Address:** _____