



BANK DRAFT AUTHORIZATION

Carroll County Community Center

For Office Use:

MEMBER # _____

DATE _____

TYPE OF MEMBERSHIP:

First Draft on 1st or 15th

Family Adult College SP Family Senior Youth

Scholarship Discount Military Discount Partnership Discount

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2) Bank draft payments are withdrawn from your account every month.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 cancelled by you may take up to 30 days to take effect. Membership will continue until cancelled 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.

REFUNDS WILL NOT BE GIVEN ON MEMBERSHIP DUES.

6) The Carroll County Community Center reserves the right to change membership rates with a 30-day notification to members.

A notice of changes will be 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. A Membership Change of Information Form must be filled out with your signature.

8) Membership cards are given at time of registration. These cards are non-transferable and must be presented each and every time you use the facility. If you lose this card a replacement card must be purchased for \$3.00.

ATTACH A COPY OF YOUR VOIDED CHECK
OR DEPOSIT SLIP HERE ▼

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 is given to the Carroll County Community Center for termination. **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.**

Name on Account

Signature of Account Holder

Date

Name of Bank

Transit/Routing # (9 digits)

Account#

Checking or Savings

For Office Use:

Staff Initials: _____ Date Received: _____

Membership Directors Initials: _____ Date Entered in Computer: _____