

Membership Credit/Debit Card Authorization

The purpose of this credit/debit card authorization is to allow for affordable monthly payment of yearly membership fees. I hereby authorize the Evanston Parks and Recreation District to debit my Visa/Mastercard/Discover/AMX per month for the payment of my membership fees.

The debit will be processed on the <u>last business day of each month</u>. I agree that this is non-refundable. I hereby give the Evanston Parks and Recreation District to debit my account as indicated.

| Member Name: | | |
|---|--|---|
| Billing Address: | | |
| Phone Number: Email: | | Email Receipt? □ Yes □ No |
| | | |
| | | |
| Recurring Charge (Initial next to the **Family consists of 2 parents/guardians with chi | 0 , , , | old. |
| 12-Month Pass: | | |
| Youth (6-18)/Military/Student Monthly \$12.50 | Adult (19-59) Monthly \$25.00 | Couple Monthly \$37.50 |
| Family Monthly \$50.00 | Senior (60+) Monthly \$12.50 | |
| Recurring Monthly Pass: Monthly \$ Initial | | |
| Total Monthly Charge to Cro | edit/Debit Card: \$ | |
| Terms of Agreement: | | |
| 2. To assure proper processing, change of | f credit/debit card information must ton Parks and Recreation District Bu | ancels prior to the last business day of the month. be received 30 days in advance, or Pass may be cancelled. Issiness Manager between 8 am – 5 pm Monday thru Friday. s agreement at any time. |
| | | Date |