Financial Authorization Form

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CREDIT AUTHORIZATION FORM

I (we) authorize the Pelham Parks & Recreation Center to charge the amount listed below to the credit card provided herein. **I understand that a processing fee of 3.25% will be charged as a separate transaction on my credit card bill and will not appear on my final invoice, and I agree to pay the below amount in accordance with the issuing bank cardholder agreement.** If choosing "monthly payments," I understand I must give a 30-day written notice for these charges to be suspended. In the case of a transaction being rejected for Non-Sufficient Funds (NSF), I understand that the Pelham Parks & Recreation Center may, at its discretion, attempt to process the charge again within 30 days. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.

RECURRING Monthly Charges: $ _____ (USD)

Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
CVC: _____
Billing Address: _____
Billing City, State, and Zip code: _____

_____ _____
Signature Date