



HRC  
Automatic Credit/Debit Authorization Form  
for the After School Program

Name (as it appears on card) : \_\_\_\_\_ Child (ren) \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

After School Program Fee Amount: \_\_\_\_\_/Week (This amount will be the most charged to account prorated weeks will be less)

First withdrawal date: \_\_\_\_\_ (Weekly withdraws will be made on Monday for that week of the After School Program)

I authorize the Holcomb Recreation Commission (HRC) to bill my credit/debit card the above listed amount on a weekly basis to cover my child (ren) After School Program fee

This authorization will continue weekly until I notify the Holcomb Recreation Commission, in writing, that I wish to cancel this authorization.

I understand that the cancellation notification is due by the Friday before the Monday draft date.

I understand that if my Credit/Debit payment is denied for any reason by my cardholder, that I will be notified by HRC and that my Child (ren) will not be allowed to attend the After School Program until I have made other payment arrangements.

Signature of Card Holder: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: (Holcomb Recreation Staff) \_\_\_\_\_ Date: \_\_\_\_\_

HRC

Automatic Credit/Debit Authorization

Cancellation Notice

As of this date, I request cancellation of my previous authorization to have my Holcomb Recreation Commission After School Program Fees deducted from my Credit/Debit Card.

Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Notification received on: \_\_\_\_\_

Notice received by: (Holcomb Recreation Staff): \_\_\_\_\_

