



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): _____

