



Automatic Withdrawal Form

MEMBER INFORMATION

DATE: _____

Name _____

Address _____

City _____ Zip _____ Date of Birth _____ Age _____

Phone _____ E-mail _____

Emergency Contact _____ Phone _____

PAYMENT METHOD (Please indicate which option)

Option 1: 1 child \$20 plus tax Amount \$ _____

Option 2: 2 or more children \$40 plus tax Amount\$ _____

Please note that a minimum commitment of 3 months is required for the automatic withdrawal for EZPay.

Bank Authorization Agreement

Need copy of voided check.

(circle one): Checking Account Savings Account

Bank Name _____ Branch _____

Bank Routing# _____ Account# _____

Account Holder Name (Please print) _____

NAME(S) of EZPay participants to be withdrawn from this account.
(Please print) _____

Account Holder Signature _____ Date _____

I understand that by signing this agreement, I hereby authorize the Collins Aerospace Rec Center to make the stated monthly withdrawal from the bank account identified on the second or third business day of the month. This authority is to remain in full force and effective until I terminate it by completing a cancellation form at the Rec Center front desk. Participant must give 30 days notice by completing a cancellation form at the front desk.

Staff Only (Initial when completed) _____

Total Amount Paid\$ _____

Membership # _____

Invoice # _____