



Monthly Auto Payment Authorization

Member Name (Please Print): _____

Name on Account if different than member (please print): _____

Billing Address: _____ City: _____ State: _____ Zip Code: _____

Bank Account Account Type: Checking Savings **(Attach copy of voided check)**

Depository Institute (Bank) Name: _____

Routing Number: _____ Account Number: _____

Credit/Debit Card MasterCard Visa Discover American Express

Credit Card Number: _____ Expiration Date: _____ Security Code: _____

I (we) hereby authorize **the City of Eureka**, hereinafter called *CITY*, to initiate debit entries to my account listed above at the depository financial institution named above, hereinafter called *DEPOSITORY* and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until CITY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford CITY and DEPOSITORY a reasonable opportunity to act on it. Monthly memberships are continuous and require a written notice at least 30 days prior to your renewal date in order to be considered for cancellation. You are responsible for notifying your bank in a timely manner of any changes or error. If you fail to provide the information necessary for your monthly draft, and it fails, your membership will be cancelled immediately.

Monthly drafts will be submitted for payment at the same time each month. Circumstances may arise out of our control (ex: bank holidays, weekends, etc.) that may cause a delay in processing. Any discrepancy to my (our) account must be noted to the CITY promptly. I (we) understand refunds will not be issued for discrepancies over 90 days.

Members who age into a different membership category will be automatically transferred to that category and drafted at the new category rate.

Membership privileges will be suspended until all delinquent charges and fees are paid in full. The City of Eureka reserves the right to decline a direct debit enrollment and require cash payment only, when there has been a history of past failure to pay.

The City of Eureka will access a \$25.00 service charge for any automatic withdrawal returned for any reason. I (we) understand it is my (our) responsibility to notify the CITY of any account changes.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. ALL ACH INFORMATION IS STORED SECURLY.

Authorized Signature of Account Holder: _____ Date: _____

OFFICE USE ONLY		Res	NR	Bus	Monthly	Annual
Staff Initials: _____	Date: _____	Membership Type: Adult Family Senior Senior Couple				
Membership Rate: _____	Type of Payment: _____					