

CITY OF LARAMIE PARKS & RECREATION
 P.O. Box C / 920 Boulder Drive Laramie, WY 82073
 Phone: (307) 721-5269
 Fax: (307) 721-5284
 TDD (307) 721-5295



Credit/Debit Card Authorization

I hereby authorize the City of Laramie to debit my Visa/MasterCard \$_____ per month for the payment of my 6 month/annual Recreation Center membership in the amount of \$_____ (total membership fee).

The debit will be processed the 5th day of each month, and will begin the month following the date you purchase a membership. If the billing date falls on a weekend or holiday the debit will occur on the next business day following the normal payment date. I give the financial institution named below the authority to debit my account as indicated.

Member Name: _____

Address: _____

City/State/Zip Code: _____

Financial Institution Name: _____

City of Financial Institution: _____ **State:** _____

Credit/Debit Card #: _____ **Exp.** _____ **3-digit #** _____
 (on back of card)

Choose one: **MasterCard **Visa****

Terms of Agreement:

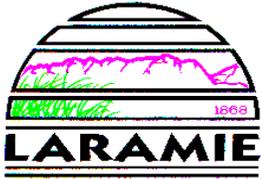
1. This credit/debit card authorization is to remain in effect until all payments have been withdrawn for my 6 month/annual membership.
2. To assure proper processing, change of credit/debit card information must be received in writing 30 days in advance. To change information, contact in writing, City of Laramie, Parks & Recreation, P.O. Box C, Laramie, WY, 82073.
3. Each occurrence of a payment refusal will result in a minimum \$25 processing charge in addition to the collection of the fee. Balances due must be paid in cash, cashier's check or money order within 10 days of notification of payment refusal. Membership privileges will be suspended after the 10-day notification period. Debits not clearing your account for two consecutive months will result in membership cancellation, with the entire balance on your membership due. Payment may then be made with cash, a cashier's check or money order.
4. The City of Laramie reserves the right to cancel this agreement at any time.

Signature of Account Holder: _____ **Date Signed:** ____/____/____

For Parks & Recreation Use Only:

Received by (initial): _____ **Date of Receipt:** ____/____/____

Submitted to Financial Institution by (initial): _____ **Date of Submission:** ____/____/____



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Automated Clearing House (ACH) Direct Debit Authorization

I hereby authorize the City of Laramie to transfer a monthly payment of \$_____ from my account for the payment of my 6 month/annual Recreation Center membership in the amount of \$_____ (total membership fee.)

The debit will be processed the 5th day of each month, and will begin the month following the date you purchase a membership. If the billing date falls on a weekend or holiday the debit will occur on the next business day following the normal payment date. I give the financial institution named below the authority to debit my account as indicated.

Member Name: _____

Address: _____

City/State/Zip Code: _____

Financial Institution Name: _____

City of Financial Institution: _____ **State:** _____

Transit/Routing Number: _____ **Account #:** _____

Choose one: **Checking Account** **Savings Account**

Terms of Agreement:

1. This ACH debit authorization is to remain in effect until all payments have been withdrawn for my 6 month/annual membership.
2. To assure proper processing, change of ACH information must be received in writing 30 days in advance. To change information, contact in writing, City of Laramie, Parks & Recreation, P.O. Box C, Laramie, WY, 82073.
3. Each occurrence of a payment refusal will result in a minimum \$25 processing charge in addition to the collection of the fee. Balances due must be paid in cash, cashier's check or money order within 10 days of notification of payment refusal. Membership privileges will be suspended after the 10-day notification period. Debits not clearing your account for two consecutive months will result in membership cancellation, with the entire balance on your membership due. Payment may then be made with cash, a cashier's check or money order.
4. The City of Laramie reserves the right to cancel this agreement at any time.

Signature of Account Holder: _____ **Date Signed:** ____/____/____

**ATTACH A VOIDED CHECK HERE:
 (DO NOT USE A DEPOSIT SLIP)**

For Parks & Recreation Use Only:

Received by (initial): _____ **Date of Receipt:** ____/____/____

Submitted to Financial Institution by (initial): _____ **Date of Submission:** ____/____/____