

AUTHORIZATION FOR DIRECT WITHDRAWAL OF FRIENDSHIP COMMUNITY CENTER MEMBERSHIP CHARGES

NAME _____

ADDRESS _____
(street) (city) (state) (zip)

TELEPHONE NUMBER (day) _____ (evening) _____

I/We hereby authorize Lower Paxton Township to withdraw the costs of my Friendship Community Center membership (per attached membership form) from my bank/credit card account. This authorization will remain in effect until I/we provide a thirty day written notification to terminate this agreement. I/we further hereby agree to notify Lower Paxton Township in writing thirty days prior to any change in the financial institution or account which is to be debited. The charges for membership will be taken out of my/our account on the 15th of each month starting in _____, 20____. If the specified date falls on a weekend or holiday, the billing will take place on the first business day thereafter. Please check the type of account to be used:

_____ checking _____ savings _____ Visa _____ MasterCard

A voided check (for checking accounts) or voided deposit slip (for savings accounts) is attached. I have verified my account number with my bank or bank statement and have indicated the account numbers below. I acknowledge a \$20.00 service fee will be charged to my Friendship Community Center account in the event funds are not in my account at the time of withdrawal. Please provide the following information and return the entire form to:

Friendship Community Center
5000 Commons Drive
Harrisburg, PA 17112

BANK ROUTING NUMBER _____

BANK OR CREDIT CARD ACCOUNT NUMBER _____

AUTHORIZED SIGNATURE _____ DATE _____

AUTHORIZED SIGNATURE _____ DATE _____

If account is in joint name, this authorization must be signed by all owners.
bankdrafts