

GREAT FUTURES START HERE.



**BOYS & GIRLS CLUB
OF WEST SPRINGFIELD**

E-pay Authorization

Member's Name: _____

I hereby authorize the West Springfield Boys & Girls Club to debit my bank card/credit card account for the amount agreed upon on the signed financial form. I understand this amount will be automatically debited weekly unless another payment schedule has been arranged with the Office Manager.

Primary Card Account

Name on credit card (exactly as printed)

Billing Address for credit card (Street, Apt. #)

City, State, Zip code

Credit Card Number

Expiration Date

Debit Card/ Credit Card *(Please circle one)*

Weekly OR One Time / Bi-Weekly / Monthly / Other *(Please circle one)*

Child Care Electronic Payment Amount Due / Other Payment: \$ _____

I understand the bank/credit card draft shall serve as a continuous payment for the length of the program for the said amount, if applicable. I understand I can cancel my e-pay payments in writing at any time; however, I will also forfeit the discount associated with this service, if applicable.

Signature

Date