

**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

Please note: All payments are scheduled to be taken in advance of services provided. Your payments will automatically be set up to be withdrawn on a weekly basis. In other words, your payment will be scheduled to be withdrawn the Friday before the start of the following program week. Any other special day(s) that you register for will be withdrawn within 1-2 business days upon registering.

*If you would like to request a different payment schedule, please contact our Office Manager.*

*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

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413-731-8339 Fax  
www.wsbclub.org