

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 Your payments will automatically be set up to be withdrawn on a weekly basis. In other words, your payment will be scheduled to be withdrawn the Friday before the start of the following program week. Any other special day(s), or a special event(s) that you register for will be withdrawn within 1-2 business days upon registering.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, Coral Collette.

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.

Signature

Date

Boys & Girls Club of West Springfield
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413-731-8339 Fax
www.wsbclub.org