

# LEARN TO SKATE PAYMENT AUTHORIZATION FORM



## PARENT/GUARDIAN INFO:

Parent/Guardian First & Last Name:
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Address:	City:	State:	Zipcode:
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Primary	Email:
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## SKATER'S INFO:

First & Last Name:	Birthdate:
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First & Last Name:	Birthdate:
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First & Last Name:	Birthdate:
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First & Last Name:	Birthdate:
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## CLASS FEES PER MONTH

Level	Monthly Cost Member	Monthly Cost Non-Member	Monthly Billing Date
Ice Exploreres (2x per week)	\$35	\$35	2nd of each month
Intro to Skating (3x per week)	\$44	\$55	2nd of each month
Snowplow Sam (1x per week)	\$44	\$55	2nd of each month
Basic Skills (1x per week)	\$60	\$75	2nd of each month
Freeskate (1x per week)	\$68	\$85	2nd of each month
Specialty (1x per week)	\$68	\$85	2nd of each month

## PLEASE SELECT YOUR PAYMENT PLAN

<input type="checkbox"/> <b>CHECKING ACCOUNT:</b>		
Bank Name:	Account Number:	Routing Number:
Name on Account:		

<input type="checkbox"/> <b>CREDIT CARD:</b>		
Card Type (check one): <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX	C.C. Financial Institution (bank name on credit card):	
Cardholders Name:	Card Number:	Exp. Date:
Billing Address:		

## PAYMENT AGREEMENT

I hereby authorize the RecPlex and the financial institution designated above to automatically deduct from the account designated above for all participants listed on this form. I understand that my automatic deductions will occur on the 2nd of each month or up to 5 business days thereafter. I understand that my bank statement will typically show the amount and the date payment was made to the RecPlex. I understand that I am responsible for ensuring that the account designated above has sufficient funds on the 2nd of each month, or up to 5 business days thereafter, to allow for the automatic deduction of my payment. I understand that it is my responsibility to ensure the credit card # is correct on this document and it is my responsibility to fill out a new form if I change financial institutions. I will notify the RecPlex of any changes to my account information, in writing, 2 weeks prior to my monthly auto draft deduction. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I understand the RecPlex reserves the right to refuse service due to past due payments. I understand that any declined payments are subject to a \$25 NSF Fee. I understand that my account could be sent to a collection agency if declined payments are not collected.

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**I have read and agree to the terms of this agreement, as well as the RecPlex bank draft payment schedule and its policies.**

Account Holder  
Signature:

Date:

Print Name  
(Account Holder):