

**GREATER PLYMOUTH COMMUNITY CENTER
DIRECT DEBIT AUTHORIZATION**

I (we) hereby authorize the Greater Plymouth Community Center (Plymouth Township) to transfer a monthly payment of \$_____ from my (our) account for payment of the After School Rendezvous program in the amount of \$_____.
(total program fee)

Debits will be processed the **15th of each month**. If the 15th falls on a weekend, then the debit is processed on the next bank workday (the 16th or 17th). I (we) give the financial institution named below the authority to debit my (our) account as indicated.

INSTITUTION NAME

BRANCH

CITY, STATE, ZIP

ACCOUNT NUMBER

TRANSIT/ROUTING #

TYPE OF ACCOUNT (Checking, Money Market)

This authorization may not be discontinued until membership is paid in full and will remain in full force and effect until such time as it is not renewed by either party. Discontinuation requests **must be in writing** and submitted at least thirty (30) days prior to the renewal date. Otherwise this authorization shall renew and shall apply to the payment of a renewal of my annual pass at the rate in effect at that time. To change information, you must contact the Greater Plymouth Community Center (610)-277-4312 or 2910 Jolly Road, Plymouth Meeting, PA 19462. To assure proper processing, **change of bank information must be received, in writing, by the 5th of the month**. Should funds no longer be available from the institution/participant account, the Greater Plymouth Community Center (Plymouth Township) maintains the right to cancel at any time. The Greater Plymouth Community Center (Plymouth Township) reserves the right to pass along any and all bank fees associated with the debit transfers and returned (unaccepted) monthly transfers.

Unless otherwise provided by law, the undersigned assumes full responsibility for the consequences of any misuse or unauthorized use of or access to my (our) account, or the disclosure of any confidential information or instructions pertaining to my (our) account.

NAME

NAME
(If joint account and two signatures required)

AUTHORIZED SIGNATURE

DATE

AUTHORIZED SIGNATURE
(If joint account and two signatures required)

DATE