

Recurring Credit Card Payment Authorization

You authorize regularly scheduled charges to your credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I _____ authorize **Meadow Lane Park Association** to charge my
(Cardholder's Name)

Credit Card indicated below for \$ _____ on the _____ day of
(Amount \$) (Tomorrow's Date)
each MONTH for a term of THREE consecutive months with the first payment processed the first business day following the signing of this payment contract.

Billing Information

Billing Address _____ Phone # _____
City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____
Account/CC Number _____
Expiration Date ____ / ____
CVV _____
Zip Code _____

I understand that this authorization will remain in effect and may NOT be cancelled unless remaining owed amount is paid in full. I understand that these charges are for a seasonal membership at Meadow Lane Pool, owned and operated by Meadow Lane Park Association of Lincoln, NE and I agree to notify Meadow Lane Park Association in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date and make arrangement for a new form of payment or pay the remaining balance in full. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____
(Cardholder's Signature)

DATE _____

Monthly Recurring Payments for each type of Membership.

Regular Membership: - \$250 Total or 3 recurring payments of **\$83.33**

Grandparents Membership: - \$250 Total or 3 recurring payments of **\$83.33**

Long Time Membership: - \$215 Total or 3 recurring payments of **\$71.66**

Senior Membership - \$130 Total or 3 recurring payments of **\$43.33**

***** NOTE: A BOND of \$150 must first be paid before participating in our recurring payment plan.**