

The Boys & Girls Club of Clifton
After School Program
AUTOMATIC BILLING AUTHORIZATION FORM

Member's Name: _____

CREDIT/DEBIT CARD INFORMATION

Name on credit/debit card (exactly as printed): _____

Home Phone #: _____ Cell Phone #: _____

Billing address for card (Street, Apt#): _____

Credit card number: _____ Exp. Date: _____

Signature

Date

By having your signature on this form you agree to the following:

- Your card will automatically be charged the 10th of every month from October until June. Failure to notify the Boys & Girls Club of Clifton of any card changes or expirations will result in a fee.

- This authorization is valid until parent provides the Boys & Girls Club with written cancellation.

***** OFFICE USE ONLY *****

School #: _____ Monthly Charge: \$ _____