

**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 10<sup>th</sup> 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.

<b>*** OFFICE USE ONLY ***</b>	
School #: _____	Monthly Charge: \$ _____