

The Boys & Girls Club of Clifton
Before/After Care
AUTOMATIC BILLING AUTHORIZATION FORM

A 3% surcharge will be added to Credit Card transactions. The charge will not be greater than the bank processing fee. No surcharges will be added to Debit Card transactions, including Apple Pay or Google Pay transactions that are linked to a Debit Card account.

Member's Name: _____

Parent Email: _____

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: _____

CVV: _____

Signature

Date

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

_____ My card will automatically be charged on the 10th of every month from October until June. Failure to notify The Boys and Gils Club of Clifton of any card changes or expirations will result in a fee.

_____ This authorization is valid until I provide you with written cancellation.

*** OFFICE USE ONLY ***	
School #: _____	Membership Charge: \$ _____