



FUNDS AUTHORIZATION AGREEMENT
Powell Community Center

Date: _____

Membership Terms:

Membership rates are listed below. Your first payment will be made on the day of the membership activation. Your next payment will be on the same date of the following calendar month. Membership payments will be drafted from the primary member's debit or credit card monthly by way of automatic payment from the account listed below.

THE ANNUAL MEMBERSHIP INITIAL TERM AGREEMENT IS FOR ONE YEAR. After initial annual term has been fulfilled, the membership will be continued monthly unless written notice is given to the Powell Community Center at least one week prior to the next payment date. _____ *(please initial)*

Customer Name *(please print)* _____
Must be same name as the responsible member on the membership (same as signature)

Type of Membership: *(please check box)*

- Mission Resident/Business**
 Youth
 Adult
 Senior
 Household 2 Person
 Family
 Non-Mission Resident
 Youth
 Adult
 Senior
 Household 2 Person
 Family

Depository Information

I hereby authorize Mission Bank of Mission, Kansas to initial debit/credit entries to my account indicated below and the depository below, hereinafter called depository, to debit the same amount. All changes to banking information must be made at least one week prior to draft date to take effect for the next payment.

Name on Credit Card: _____

Date of 1st Draft: _____

(Drafts processed on the 15th of the month)

Credit Card #: _____

Amount of Monthly Draft: \$ _____

(VISA, MasterCard or Discover ONLY)

Expiration: _____ / _____ CVV2: _____

	Youth	Senior	Adult	2 Person Household	Family
Mission Resident/Business**	\$26	\$26	\$32	\$42	\$47
Non-Mission Resident	\$32	\$32	\$40	\$54	\$61

**Individual employee must work at a Mission business that has a current business license. Proof of employment must be provided annually.

Agreement

I understand the City of Mission will continue my membership payments from my account for one full year, and in monthly increments thereafter, until proper cancellation notification is received in writing, with my signature, by the Membership Coordinator. If any membership payment to the Powell Community Center is rejected or declined, the membership will be inactivated until payment is made at which time the membership will be reactivated. _____ *(please initial)*

Signature: _____ **Date:** _____