



**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 15<sup>th</sup> (or the first business day after the 15<sup>th</sup>) of the following calendar month. Membership payments will be paid by the primary member's bank account on a monthly basis 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 1<sup>st</sup> Draft: \_\_\_\_\_

*(Drafts processed on the 15<sup>th</sup> 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 returned, rejected or unfunded, a twenty dollar (\$20) late fee will automatically be assessed for each instance, in addition to the past due balance. \_\_\_\_\_ *(please initial)*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_