SCHOOL-BASED RECREATION & LICENSED CHILDCARE PROGRAMS

AUTOMATIC DEBIT AUTHORIZATION FORM

Please print information neatly, in blue or black ink

To activate my automatic credit card authorization, I understand that I must either (1) already have a credit card on file or (2) come to or call the Community Center to have the credit card securely encrypted and stored.

I, _____ authorize the City of El Cerrito Recreation Department to automatically deduct payment(s) from my credit or debit card.

Please note: Your credit card will be charged on the first business day of each month. Your credit card will continue being charged through May 2019 unless written notification of cancellation is submitted to the Recreation Department. All cancellation requests must be submitted in writing with a two weeks' notice. Your request will be effective the first of the next month. If your credit card is replaced by your bank for any reason (lost, stolen, expired) you must update this form and provide your new credit/debit card to be encrypted and stored by the staff at El Cerrito Community Center.

Auto Charge Start Date: September 1, 2018 End Date: **May 1, 2019**

Credit Card Type (please circle): VISA MASTERCARD AMEX

Name as it appears on Credit Card:_____

Last Four Digits of Credit Card Number : _____
****note: do not write your entire credit card number on this form. Your credit card info should be encrypted and stored in our system. Please call 510-559-7006 to store your card in our system or come by our office.***

Expiration Date: Month: _____ Year: _____

Signature: _____ Date:_____

Card holder Name (please print): _____

Home Phone: _____Cell Phone: _____

Email: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Child's Name: _____ School: _____

Child's Name: _____ School: _____