

CHAPARRAL ICE CENTER

14200 IH-35 NORTH * 252-8500 * WWW.CHAPARRALICE.COM

Authorization of Automated Bank Draft or Credit Card Debit

I, (print name) _____ authorize Chaparral Ice Center or assignee to initiate debit entries to my account and financial institution. I certify the information below to be true and accurate and that I am an authorized user of the account. The monthly draft will take place on or after the 7th day of each month.

CANCELLATION and REFUND POLICY:

To cancel the automated bank draft or credit card debit, written notice of termination must be received by Chaparral Ice Center at least two (2) weeks in advance. Partial drafts cannot be generated. Credit or refunds must have approval from the program director and will be issued according to the credit/refund policy for the program.

DECLINED DRAFT POLICY:

If an automated bank draft or credit card debit is declined by the financial institution, a \$25 fee will be assessed to the account each time an attempted draft or debit is declined. After three unsuccessful draft or debit attempt the participant will be removed from the program and no refunds will be issued.

ENROLLMENT INFORMATION:

PROGRAM / CLASS	MONTHLY FEE	# OF MONTHS	1ST MONTH OF DRAFT	INITIALS
	\$			
	\$			
	\$			

Deposit Amount Paid \$ _____ Date Deposit Paid _____

ACCOUNT INFORMATION:

Bank Routing #:

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 CC Expiration
Acct. or Credit Card #:

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 ____ / ____

Bank Name: _____

Participant's Name _____ Daytime Phone _____

Address _____

By signing below, I certify that I have read, understand and agree to the policies above and that the account information provided is true and correct to the best of my knowledge.

Authorized Signature _____

FOR CHAPARRAL ICE USE ONLY:

Cashier Initials _____ Program Director Signature _____