

## Authorization Agreement for Automatic Payment of AFC Membership

I authorize the Town of Tonawanda to initiate monthly deductions (withdrawals) from my checking account as my monthly payment for annual membership to the Aquatic and Fitness Center (AFC) becomes due. I authorize the financial institution on which my enclosed check is drawn to accept the deductions initiated by the Town of Tonawanda. I make this authorization subject to these conditions:

1. I understand that payment will be made on the fifth day of each month, unless circumstances beyond our control prevent this. Regardless, I agree to have funds available in my checking account by the fifth day of each month and will deduct them from my own account on that date. **Member Initial:** \_\_\_\_\_
2. I understand that should the Town of Tonawanda not be able to transfer funds to my account three times in a 24 month period, for any reason, including but not limited to insufficient funds, or closed or frozen accounts, my EFT membership payment will be terminated. I will be expected to pay the remaining portion of dues in full with cash and become an "annual member." **Member Initials:** \_\_\_\_\_
3. I understand that the one full year's membership must be paid prior to terminating the membership unless relocation or documented medical reasons are provided. **Member Initial:** \_\_\_\_\_
4. The AFC will send written notification when the monthly payment amount changes.  
**Member Initial:** \_\_\_\_\_
5. I understand that membership payments will continue beyond one year unless I terminate the membership by giving the AFC 30 days prior written notice of such termination. **Member Initial:** \_\_\_\_\_
6. I have the right to recover the amount of any erroneous deduction by the Town of Tonawanda by direct reimbursement. **Member Initial:** \_\_\_\_\_
7. I agree to pay an additional fee (currently \$25.00) to the Town of Tonawanda for insufficient funds, closed or frozen accounts, or returned check charges due to the Town of Tonawanda not being able to withdraw the monthly deduction. **Member Initial:** \_\_\_\_\_
8. I agree that membership to the AFC may be revoked for the delinquency or any other just cause as set forth in the Membership Application, and I will still be responsible for membership time used and not paid for.  
**Member Initial:** \_\_\_\_\_
9. I have reviewed and understand the above. **Member Initial:** \_\_\_\_\_

**Depository Bank:** \_\_\_\_\_

**Depository Bank Branch:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Bank Routing #:** \_\_\_\_\_ **Checking Account #:** \_\_\_\_\_

**Amount to be deducted monthly this first year: \$** \_\_\_\_\_

**These payments will be deducted from** \_\_\_\_/\_\_\_\_ **(month/year) to** \_\_\_\_/\_\_\_\_ **(month/year)**

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

*(Please attach a voided check for the above listed account. Thank you.)*