

AUTO PAYMENT AGREEMENT 2008 - 2009

Family Name: _____

Auto Pay Agreement

Member Number: _____

Balance will be paid in monthly installments automatically deducted without interest from credit card listed below. I authorize Trumbull Racquet Club to automatically charge my VISA, MasterCard, American Express or Discover for the monthly amounts listed below due under this payment plan.

Email: _____

Credit Card Information:

Failed payment policy

C/C # _____

If your credit card declines during any month and we attempt to reprocess it and a second attempt is also declined, you will be responsible for the entire balance to be paid in full.

EXP: _____

TYPE: (VISA MASTERCARD AMEX DISCOVER)

Signature: _____

Cardholder acknowledges receipt of goods and / or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the cardholders agreement with the issuer.

Date: _____

4 INSTALLMENTS - SEASON COURTS | TTC Session 1 & Session 2

Name	Program Session	Cost	Deposit	Balance

8 INSTALLMENTS - ADULT CLINICS | JUNIOR CLINICS | LEAGUES

Name	Program	Cost	Deposit	Balance

MONTHLY PAYMENTS / OFFICE USE ONLY

OCT	NOV	DEC	JAN
FEB	MAR	APR	MAY