Trumbull Racquet Club - 35 Lindeman Drive Trumbull, CT 06611 - 203-374-8622

AUTOPAY AGREEMENT 2011—2012

Last Name: _____ **First Name:** _____

Member Number (Phone #): _____

Email: _____

Credit Card Information:

C/C #_____

EXP: _____

TYPE: (VISA MASTERCARD AMEX DISCOVER)

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.

AUTOPAY AGREEMENT: balance will be paid in monthly installments without interest from credit card listed below. I authorize Trumbull Racquet Club to automatically charge my Visa, Mastercard, American Express or Discover.

FAILED PAYMENT POLICY:
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.

Signature: _____ **Date:** _____

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Set-up Fee: $25 per season. (ONE-TIME & NON-REFUNDABLE)
(September 8, 2011 — May 27th, 2012)

DATE PAID: _____

MONTHLY PAYMENTS / OFFICE USE ONLY

OCT	NOV	DEC	JAN
FEB	MAR	APR	MAY

***4 INSTALLMENTS (Group #2)*- Season Courts / TTC Session 1 & 2 / 10 & Under Tennis Session 1 & 2**

Name	Program | Session	Cost	Deposit	Balance

***8 INSTALLMENTS (Group #1)*- ADULT CLINICS / JUNIOR CLINICS / LEAGUES / STPL**

Name	Program | Session	Cost	Deposit	Balance