

# SHIPPAN RACQUET CLUB

## AUTO PAY FORM

Member # \_\_\_\_\_ Family Name \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### PROGRAMS

Player Name \_\_\_\_\_ Program \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Cost \_\_\_\_\_ Deposit \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \_\_\_\_\_

Player Name \_\_\_\_\_ Program \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Cost \_\_\_\_\_ Deposit \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \_\_\_\_\_

Player Name \_\_\_\_\_ Program \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Cost \_\_\_\_\_ Deposit \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \_\_\_\_\_

Player Name \_\_\_\_\_ Program \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Cost \_\_\_\_\_ Deposit \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \_\_\_\_\_

Player Name \_\_\_\_\_ Program \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

Cost \_\_\_\_\_ Deposit \_\_\_\_\_ Date \_\_\_\_\_ Balance Due \_\_\_\_\_

### PAYMENT OPTIONS

Balance will be paid in monthly installments automatically deducted without interest from credit card listed below.

I authorize Shippan Racquet Club to automatically charge my VISA, MasterCard, American Express for the monthly amounts listed below due under this payment plan. Any additional charges incurred will be added to your monthly payment.

VISA

Master Card

American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

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 Cardholder's agreement with the Issuer.

September \$ \_\_\_\_\_ October \$ \_\_\_\_\_ November \$ \_\_\_\_\_ December \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

January \$ \_\_\_\_\_ February \$ \_\_\_\_\_ March \$ \_\_\_\_\_ April \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

I understand my application will be considered on first come first serve basis and a non-refundable deposit is required for each program. I understand and read Shippan Racquet Club policies on the additional form provided. Please note that there are no refunds or credits for missed classes and you are responsible for the entire balance. If your payment fails to clear bank processing, a \$25.00 overdraft charge will be added to your account. If your credit card declines during any month and we attempt to reprocess it and it still declines you will then be responsible for payment in full of the entire balance due.

Signature \_\_\_\_\_ Date \_\_\_\_\_

The staff will explain our monthly billing process.

Staff Initials \_\_\_\_\_

# SHIPPAN RACQUET CLUB

Harbor Drive, Stamford, CT 06902 (203) 323-3129