

Shippan Racquet Club - 45 Harbor Dr Stamford, CT 06902 - 203-323-3129  
**AUTOPAY AGREEMENT 2011-2012**



Last Name: \_\_\_\_\_

Member Number (Ph #): \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Information:

Name on Card: \_\_\_\_\_

C/C #: \_\_\_\_\_

EXP: \_\_\_\_\_

TYPE:  ISA  MASTER CARD  AM

**Auto Pay Agreement**

Balance will be paid in monthly installments without interest from credit card listed below. I authorize Shippan Racquet Club to automatically charge my Visa, MasterCard or American Express card.

**Failed payment policy**

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

Signature: \_\_\_\_\_

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 cardholders agreement with the issuer.

<div style="border: 1px solid red; width: 40px; height: 40px; margin: auto;"></div>	<b>Set-up Fee: \$25 per season (ONE-TIME &amp; NON-REFUNDABLE)</b> (September 8, 2011 -- May 27, 2012)
DATE PAID: _____	

**4 INSTALLMENTS - SEASON COURTS / ATP SESSION 1 & SESSION 2**

Name	Program / Session	Cost	Deposit	Balance

**8 INSTALLMENTS - ADULT CLINICS / JUNIOR CLINICS / STANDING PRIVATE LESSONS**

Name	Program / Session	Cost	Deposit	Balance

**MONTHLY PAYMENTS / OFFICE USE ONLY**


Books \_\_\_\_\_  
 Group \_\_\_\_\_  
 Fin'l Screen \_\_\_\_\_