

ELECTRONIC FUNDS TRANSFER

*****IF USING ELECTRONIC FUNDS TRANSFER*****

**PLEASE SUBMIT A VOIDED CHECK FROM
APPROPRIATE ACCOUNT.**

I (WE) HEREBY AUTHORIZE THE CENTRALIA RECREATION COMPLEX TO TRANSFER A MONTHLY PAYMENT FROM MY ACCOUNT FOR PAYMENT OF MY CENTRALIA RECREATION COMPLEX PASS. I UNDERSTAND THAT MY ACCOUNT WILL BE DEBITED ON THE 15TH (FIFTEENTH) OF EACH MONTH. I GIVE THE FINANCIAL INSTITUTION NAMED BELOW THE AUTHORITY TO DEBIT MY ACCOUNT AS INDICATED.

YOUR NAME: _____

YOUR BANK NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CIRCLE ONE: CHECKING ACCOUNT SAVINGS ACCOUNT

**CANCELLATION OR CHANGE OF BANK INFORMATION
REQUESTS MUST BE SUBMITTED BY THE MORNING OF THE
10TH OF THE MONTH.**

Signature of Account Holder

Date

Social Security Number

First Month Payment \$ _____ #of Months _____

EFT Service Charge \$7.00

Total Due Now \$ _____ Amount Monthly _____

PLEASE NOTE: When using the EFT for the first time or reinstating EFT after a time lapse, the first withdrawal from your account on approximately the 15th of the month. (Example: You start EFT in January by paying the first month plus your \$7 fee. Your first electronic withdrawal will be in February! Your next scheduled payment withdrawal will be March 15th!)

PLEASE NOTE: IF FOR SOME REASON YOUR EFT PAYMENT DOES NOT GO THROUGH, YOU WILL BE CHARGED A \$30 FEE JUST AS WE DO FOR RETURN CHECKS.