GREAT FUTURES START HERE.



Automatic Payment Authorization

Please note that prior authorizations have been removed.

Child(ren) Name:	
Parent/Guardian Name:	
Parent/Guardian Signature:	_Date:

Fun Club & Preschool: Payments will get pulled on the 25th of each month from August to May **Summer Camp:** Payments will get pulled weekly

I (we) hereby authorize Boys & Girls Club of Greater Billerica Inc., hereinafter called COMPANY, to initiate credit entries and initiate, if necessary debit entries and adjustments for any credit entries in error to my (our) account indicated below and the BANK name below, hereinafter called BANK, to credit and/or debit the same to such account. This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and manner as t afford COMPANY and BANK a reasonable opportunity to act on it.



Automatic Payment Option #1

By using your checking or savings account you will receive a \$10.00 discount off your total monthly balance.

Account Type: Savings Checking	(PLEASE ATTACH A VOIDED C	CHECK; FORMS WILL N	NOT BE PROCESSED	
WITHOUT IT)				
Routing Number:	Account Number:			
Name on Bank Account:	Bank Name:	Account Ho	lder Phone:	
Automatic Payment Option #2				
Card Type: 🗌 MasterCard 🔲 Visa 🗌] Discover 🗌 AMEX			
Cardholder Name:	(Cardholder Phone: _		
Billing Street Address:	City:	State:	Zip:	
Card Number:	E	xpiration Date:		