



760 Northfield Avenue • West Orange, New Jersey 07052 • 973-530-3400

**KIDS CLUB OPTION PAYMENT FORM**

Membership # \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. No. \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Fees can be paid by choosing one of the following (please check one option):**

**Option 1: Monthly Credit Card**

We will automatically charge your credit card account with the amount of your monthly Kids Club fee on the first of each month.

VISA  AMX  MC Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Option 2: Electronic Transfer**

This is an automatic withdrawal from your checking account. On the fifteenth of each month, according to the option chosen above, we will ask your bank to transfer the amount of your monthly Kids Club fee to the JCC account.

**A voided check will be required to set up this option:**

**Authorization Agreement For Pre-Arranged Payments (Debits)**

I(we) hereby authorize JCC MetroWest, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the Bank named below, hereinafter called BANK, to debit the same to such account.

Bank \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me(or either of us) of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act upon it. I (or either of us) has the right to stop payment of a debit entry by notification to BANK at such time as to afford BANK a reasonable opportunity to act upon it prior to charging account. After account has been charged, I have the right to have the amount of an erroneous debit immediately credited to my account by BANK, provided I (we) send written notice of such debit entry in error to BANK within 15 days following issuance of the account statement and/or 45 days after posting, whichever occurs first.

Name(s) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE STAPLE A VOIDED CHECK TO THIS FORM**

\* Other than payment in full by check/cash