



Troy Community Center Recreation Pass Electronic Funds Transfer (EFT) Agreement

3179 Livernois, Troy, MI 48083 • 248. 524.3484

Last Name on Account _____ First Name _____

Home Address _____

City _____ State _____ Zip Code _____ Daytime Phone _____

Additional Pass Holder(s) using same EFT account _____

I hereby authorize the City of Troy and the designated financial institution to begin automatic deductions from my account designated below in the amount of my monthly membership dues and fees:

Financial Institution (Checking Savings) _____

Transit/Routing Number _____ Account Number _____

Credit Card (Visa or Mastercard) Account _____ Exp Date _____ CVV# _____

Terms of Electronic Transfer Agreement

- I understand that I am responsible for ensuring that the account designated above has sufficient available funds on my automatic payment date to allow for the automatic deduction of payment for my pass and any associated passes.
- I have attached a **voided check** to ensure the accuracy of the account number and transit/routing number shown above if EFT are to be taken from my checking or savings account.
- I understand that the amount of the monthly deduction will be \$ _____ unless I am notified otherwise. The first EFT will take place on _____. (initials _____)
- I understand that I must pay four months in advance at the time of processing my Recreation Pass.
- I understand installments will be taken from my account on/about the 15th of the month prior to the upcoming month of recreational services (i.e. January 15th installment is for February usage).
- I understand that I will receive written notice in advance of any change in the date of my automatic deduction, or any change in the amount due. I understand that automatic deductions will continue even if there is a change in the date of the deductions or amount due for my membership, including the renewal of that membership or the addition or removal of family members from my membership.
- I understand the City of Troy will suspend my Recreation Pass if it is unable to collect any payment due and that I am liable for any uncollected payment and for any fees or penalties (\$25 Service Fee) imposed by the Troy Parks and Recreation Department.
- I am obligated for payment of the Recreation Pass(es) and any other outstanding fees related to it.
- This agreement will remain in effect until I have notified the Troy Parks and Recreation Department **in writing at least 30 days prior to my monthly installment date** of any changes to my account or other funded accounts that would prevent the monthly charge from being processed.

Signature _____ Date _____

HH Number: _____	Date Submitted: _____	Amt Pd: _____	Existing EFT? Yes No
New Account Number: Yes No		Staff Initials _____	