



ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

SYLVESTER POWELL, JR.
COMMUNITY CENTER
Phone: 913-722-8200
Fax: 913-722-8208
www.missionks.org

Today's Date: _____

MEMBERSHIP TERMS

Membership rates are listed below. Your first payment will be made on the day of the membership activation. Your next payment will be on the 15th (or the first business day after the 15th) of the following calendar month. Membership payments will be paid by the primary member's bank account on a monthly basis by way of automatic payment from the account listed below.

THE ANNUAL MEMBERSHIP INITIAL TERM AGREEMENT IS FOR ONE YEAR. After initial annual term has been fulfilled, the membership will be continued monthly unless written notice is given to the Community Center at least one week prior to the next payment date. _____ (please intital)

CUSTOMER NAME (please print) _____
Must be same name as the responsible member on the membership (same as signature)

TYPE OF MEMBERSHIP: (please check box)

- Mission Resident / Business
 Youth
 Adult
 Senior
 Senior Couple
 Family
 Non-Mission Resident
 Youth
 Adult
 Senior
 Senior Couple
 Family

MEMBERSHIP UPGRADE:

- No
 Yes! Please upgrade me to a Premium Membership (see monthly fees below)

(Each membership can enroll into one class of their choice, up to \$45 in value.)

DEPOSITORY INFORMATION

I hereby authorize Mission Bank of Mission, Kansas to initiate debit/credit entries to my account indicated below and the depository below, hereinafter called depository, to debit the same account. All changes to banking information must be made **at least one week prior to draft date** to take effect for the next payment.

Credit/Debit Card: Visa MasterCard Discover

Please enter card information into eTrak if possible.

Credit Card #: _____ Date of 1st Draft: _____
 Expiration: ____ / ____ CVV2: _____ *(All drafts will occur on the 15th of each month)*
 Billing Zip Code: _____ Master Pass #: _____
 Name on Card: _____ Amount of Monthly Draft: \$ _____
 Bank Name _____ City Located _____

	Youth	Senior	Adult	Senior Couple	Family
Mission Resident/Business	\$26	\$26	\$32	\$42	\$47
Non-Mission Resident	\$32	\$32	\$43	\$54	\$68
Premium Mission Res./Bus.	\$46.83	\$46.83	\$52.83	\$62.83	\$67.83
Premium Non-Resident	\$52.83	\$52.83	\$63.83	\$74.83	\$88.83

***Individual employee must work at a Mission business that has a current business license.
Proof of employment must be provided annually.**

AGREEMENT

I understand the City of Mission will continue my membership payments from my account for one full year, and in monthly increments thereafter, until proper cancellation notification is received in writing, with my signature, by the Membership Coordinator. If any membership payment to the Community Center is returned, rejected or unfunded, a twenty dollar (\$20) late fee will automatically be assessed for each instance, in addition to the past due balance. _____ (please intital)

Payee Signature: _____ **Date:** _____