



REEVES COMMUNITY CENTER

P O Box 1232/113 Renfro Street

Mount Airy NC 27030

Phone: 336.786.8313/Fax: 336.786.2203

www.mountairyparksandrecreation.com

BANK DRAFT AUTHORIZATION and/or CHANGES

In order to participate:

1. Sign this bank draft authorization form.
2. Attach a blank, voided check bank account verification

Your draft amount is subject to change when your membership expires, if program/membership rates have changed during the year. We will make effort to notify you before we change your draft amount.

Customers are responsible for providing us with updated contact information, verification of employment and residency.

Drafts will be deducted from your bank account on the 4th, 11th, 18th, 25th (whichever date follows your initial registration). From then on drafts will be taken that same date every month.

DRAFT AUTHORIZATION:

I hereby authorize the Reeves Community Center to begin drafting my bank account indicated on the attached voided check. I must come into Reeves Community Center to sign the Bank Draft Cancellation form in order to terminate this agreement. **(*Note: Must draft at least one time before cancelling.) This form must be completed 7 days before the bank draft date. Note: Cannot cancel a bank draft by phone.** Membership drafts are not cancelled at the end of a year of membership – they are automatically renewed on a month-to-month basis and cancellation forms must be signed in person at Reeves Community Center. **NOTE:** If insufficient Funds occur at any time during the draft period, there will be a \$25.00 service charge fee payable to Reeves Community Center each time this occurs.

Amount of Draft: \$ _____ Date of 1st Draft: ____/____/____

Account Number (same): _____ Initial _____ Account Number (different or new): _____ Initial _____

Note of Changes: _____

THIS AUTHORIZATION IS NONNEGOTIABLE AND NONTRANSFERABLE.

Print Name	Signature	Date
_____	_____	_____

Account Holder Name	Date of birth
Address: _____	
Contact Phone Number: _____	_____
Date of birth: _____	Signature of Account Holder

<i>Office use only</i>			
Verifications: _____	College _____	Employment _____	Residency _____
RCC Staff Initials _____			