



RecPlex Learn to Skate Payment Authorization Form

SKATER/PARENT GUARDIAN INFORMATION

Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Primary Phone: _____

SKATER'S INFORMATION

First Name: _____ Last Name: _____ Birthdate: _____

First Name: _____ Last Name: _____ Birthdate: _____

First Name: _____ Last Name: _____ Birthdate: _____

First Name: _____ Last Name: _____ Birthdate: _____

Class Fees Per Month

RecPlex Members will receive a 20% discount on all fees listed below.

- Intro to Skating: \$55
- Snowplow Sam: \$55
- Basic Skills: \$75
- Freeskate: \$85
- Specialty: \$85

All monthly billing will occur on the 2nd of each month.

Please Select Your Payment Type:

- **Checking Account** (*Attach a voided check to avoid additional fees for providing incorrect information*)

Account Number: _____

Routing Number: _____

Bank Name: _____

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- **Credit Card**

Cardholder Name (First/Last): _____

Credit Card Number: _____ Expiration Date: _____

Cardholder Billing Address

Street Address: _____

City: _____ State: _____ Zip Code: _____



RecPlex Learn to Skate Payment Authorization Form

I hereby authorize the RecPlex and the financial institution designated above to automatically deduct from the account designated above for all participants listed on this form. I understand that my automatic deductions will occur on the 2nd of each month or up to 5 business days thereafter. I understand that my bank statement will typically show the amount and the date payment was made to the RecPlex. I understand that I am responsible for ensuring that the account designated above has sufficient funds on the 2nd of each month, or up to 5 business days thereafter, to allow for the automatic deduction of my payment. I understand that it is my responsibility to ensure the credit card # is correct on this document and it is my responsibility to fill out a new form if I change financial institutions. I will notify the RecPlex of any changes to my account information, in writing, 2 weeks prior to my monthly auto draft deduction. I understand I am liable for any uncollected payment and for any fees or penalties imposed by the RecPlex or my financial institution related to any uncollected payment. I understand the RecPlex reserves the right to refuse service due to past due payments. I understand that any declined payments are subject to a \$25 NSF Fee. I understand that my account could be sent to a collection agency if declined payments are not collected.

I have read and agree to the terms of this agreement, as well as the RecPlex bank draft payment schedule and its policies.

Signature: _____

Print Name: _____ Date: _____