

**Jewish Community Center of Greater Columbus
1125 College Avenue
Columbus, Ohio 43209**

MONTHLY PAYMENT PLAN OPTION AGREEMENT
(Only available through credit, debit card, or automatic EFT)

I hereby authorize the Jewish Community Center of Greater Columbus (JCC), EIN 31-4379496,

- To automatically charge my **Visa** **MasterCard** **American Express** **Discover**

_____ Debit___ Credit___
Card Number _____ Expiration Date _____ 3 or 4 digit code _____

_____ Complete Billing Address (Number, Street, City, State, Zipcode)

_____ Name on Credit Card (please print)

- To automatically debit my **checking** **savings account** (PLEASE ATTACH A VOIDED CHECK)

_____ Bank transit/ABA # (9 digits) _____ Account number _____

At _____ in _____, _____
Financial Institution _____ City _____ State _____

The monthly charges are \$_____.

_____ My account will be debited on or about the 5th of each month for Membership and will include a \$1.50 monthly processing fee.

I understand that **this Agreement is for the membership fees**, or for any other services noted above. I understand that **this Agreement will automatically renew each month, unless and until I give a 30-day written cancellation notice to the JCC. I understand that the membership will cancel on the first of the month following the 30-day cancellation notice.** I understand that membership fees are subject to change one time on an annual basis and that the amount debited from my account will be adjusted accordingly. I also understand that if corrections in the debit amount are necessary, it may involve an automatic adjustment, credit OR debit, to my account. If a payment is returned or declined for any reason, I understand that I will be charged an additional \$35 return fee for each incident. This is in addition to any fee my financial institution may charge me, for which the JCC is not responsible. I further understand that the JCC is not responsible for any charges my bank assesses due to honored EFTs that may create an overdraft on my account. **I understand that it is my responsibility to notify the JCC in writing should I change my financial institution, account, and/or card number at any time. I also understand that if I stop payment on my card or draft, the JCC will send a letter of financial obligation to me.**

A \$150 cancellation fee will be assessed. Legal action may be taken if necessary.

THIS AUTHORIZATION IS NON-NEGOTIABLE AND NON-TRANSFERABLE.

Please attach a voided check if using an EFT through checking.

_____ Date _____ JCC Membership number _____ Member signature _____
Member name (please print)

Copy given to member: Member Initial _____ Staff Initial _____

If verbal authorization: Name of Person giving the authorization _____

Staff name _____ Date _____