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.** Membership fees are subject to change each July and that the amount debited from the 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.

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

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Copy given to member: Member Initial_____Staff Initial _____

If verbal authorization: Name of Person giving the authorization_____

Staff name_____**Date**_____ 10/18