

# CHAPARRAL ICE CENTER

2525 W. ANDERSON LN. \* 252-8500 \* [WWW.CHAPARRALICE.COM](http://WWW.CHAPARRALICE.COM)

## Authorization of Credit/Debit Card Electronic Funds Transfer (EFT)

I, (print name) \_\_\_\_\_ authorize Chaparral Ice Center or assignee to initiate debit entries to my account. I certify the information below to be true and accurate and that I am an authorized user of the account. A charge will be placed on your card on a monthly basis.

### **CANCELLATION AND REFUND POLICY:**

To cancel the credit/debit card EFT, written notice of termination must be received by Chaparral Ice Center at least two (2) weeks in advance. Partial drafts cannot be generated. Credit or refunds must have approval from the program director and will be issued according to the credit/refund policy for the program.

### **DECLINED DRAFT POLICY:**

If a credit/debit EFT is declined, a \$25 fee will be assessed to the card each time an attempted transaction is declined. After three (3) unsuccessful attempts, the participant will be removed from the program and no refunds will be issued.

### **ENROLLMENT INFORMATION:**

PROGRAM/CLASS	MONTHLY FEE	# OF MONTHS	1 <sup>ST</sup> MONTH OF DRAFT	INITIALS
	\$			
	\$			
	\$			

DEPOSIT AMOUNT PAID \$ \_\_\_\_\_ DATE DEPOSIT PAID \_\_\_\_\_

### **ACCOUNT INFORMATION:**

CREDIT/DEBIT CARD # :

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EXPIRATION DATE \_\_\_\_\_ BILLING ZIP CODE \_\_\_\_\_

PARTICIPANT'S NAME \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CARDHOLDER'S NAME (IF DIFFERENT FROM PARTICIPANT) \_\_\_\_\_

By signing below, I certify that I have read, understand, and agree to the policies above and that the account information provided is true and correct to the best of my knowledge.

AUTHORIZED SIGNATURE \_\_\_\_\_

### **FOR CHAPARRAL ICE USE ONLY:**

Cashier Initials \_\_\_\_\_ Program Director Signature \_\_\_\_\_