



# Corporate EFT / ACH Membership Authorization

Primary Member: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State: \_\_\_\_\_

Bank Account Holder: \_\_\_\_\_  
Address: \_\_\_\_\_  
City / State: \_\_\_\_\_

### EFT Contract Type (circle one):

	<b>Corporate Rate</b>
Adult (Age 16 – 61)	\$ 28.14
Senior (Age 62+)	\$ 24.12
Family	\$ 43.42

#### Payment Summary:

This membership type bills monthly for a 12-month period. The first monthly installment, circled above, is due at registration. Eleven remaining installments will draft from authorized bank account on the first business day of each month.

#### Payment Authorization:

Bank Name: \_\_\_\_\_

\*Must provide voided check

Account Number: \_\_\_\_\_

Routing Number: \_\_\_\_\_

#### Insufficient Funds/ Returned Payments:

Member will be notified by mail if returned payment notice has been received from the bank. Payment of the returned amount by **Cash or Money Order** is expected by the end of the current month. Membership cancellation will occur if outstanding balance remains on account at month end.

#### Bank Draft Schedule Acknowledgement:

ACH bank drafts for EFT monthly fees will be processed on the first business day of each month, regardless of date the membership was originally purchased.

#### Billing and Cancellation Policy:

EFT drafts for this membership will occur monthly for a period of 12 months. Members who wish to renew after the one-year period may do so by providing current proof of employment with the company of which is required to maintain a minimum level of 4 separate active memberships for corporate rates to apply. If at any time member desires to cancel, a cancellation form will need to be completed online or at the BRiCK membership desk. The BRiCK must receive the cancellation form a minimum of five business days prior to the next billing cycle to avoid another bank draft.

### ACCEPTANCE AND AGREEMENT

By signing below, I hereby agree to accept and abide by the terms of this membership. I authorize the City of Burleson to initiate EFT withdrawals from my bank account for monthly membership fees as stated in this agreement.

\_\_\_\_\_  
Bank Account Holder Signature  
(Financially responsible for contract obligation)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Member Signature

\_\_\_\_\_  
Date

**Please Check One:**      \_\_\_\_\_ New Membership      \_\_\_\_\_ Membership Renewal (same bank information)

\_\_\_\_\_ Membership Renewal (change of bank information)      Name of Business \_\_\_\_\_

CSA Initials \_\_\_\_\_      Member Household Number \_\_\_\_\_