

# Webster Recreation Center

1350 Chiyoda Drive, Webster, NY 14580 (585) 872-7103 Websterparksandrecreation.org  
Fitness Center Membership Payment Application

Name (Please Print): \_\_\_\_\_ Member Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Type of Membership:** Annual \_\_\_\_\_ 6 month \_\_\_\_\_ 3 month \_\_\_\_\_ Punch Pass \_\_\_\_\_

Individual

\$ \_\_\_\_\_

Family \$ \_\_\_\_\_ Resident /Xerox Employee \_\_\_\_\_

COURSE # \_\_\_\_\_

Senior/Student \$ \_\_\_\_\_

Senior Couple \$ \_\_\_\_\_

Non Resident \_\_\_\_\_

Military/Active Reserves \$ \_\_\_\_\_

Family Members – please list names and ages (must live at same address):

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## Payment options:

Paid in full (Annual, 6 mo., 3 mo. Punch pass): Cash - receipt# \_\_\_\_\_ Check # \_\_\_\_\_ or Credit Card – fill out below

Automatic withdrawal from checking or credit card (MONTHLY RATE) **FOR ANNUAL AND 6 MONTH ONLY:** \_\_\_\_\_

### **CHECKING ACCOUNT: ANNUAL AND 6 MONTH MEMBERSHIPS ONLY (MONTHLY RATE)**

AUTHORIZATION AGREEMENT FOR DIRECT RECURRING ACH CHECKING ACCT. PAYMENTS:

I hereby authorize the Town of Webster, hereinafter called TOWN, to initiate debit entries to my Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

**VOIDED CHECK MUST BE ATTACHED FOR CHECKING ACCT. AUTOMATIC WITHDRAWALS (ACH).**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing#: \_\_\_\_\_ Account#: \_\_\_\_\_

### **CREDIT CARD ACCOUNT:**

I hereby authorize the Town of Webster to charge my Credit Card Account as indicated above on this form.

Credit Card Type: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Card #: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name on card (Please Print): \_\_\_\_\_

This authorization is to remain in full force and effect until Town has **received written notification from me** of its termination in such manner as to afford TOWN and DEPOSITORY a reasonable opportunity to act on it, at least one month. **THERE WILL BE A ONE MONTH FEE IMPOSED FOR EARLY TERMINATION.** A record of each payment will be included in your monthly bank or credit card statement and will serve as your receipt.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

For billing questions call Wendy Helbig at 872-7085