

COMPLETE THIS FORM ONLY IF ENROLLING IN MONTHLY TRANSFER MEMBERSHIP



P.O. Box 922
Lexington, Virginia 24450
[540] 463-5441; fax [540] 463-5310

POOL MEMBERSHIP EFT AGREEMENT

www.rockbridgeswims.org

Electronic Transfer: I authorize my bank to honor preauthorized electronic funds transfer drawn by The City of Lexington on my account for Membership payments below. When the bank honors the EFT by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge.

I choose to utilize the EFT option for monthly payments checking savings

Bank Name: _____

Name on Account: _____

Routing/Transit No. Please attach voided check

Monthly Dues: _____

Draft Date: The 15th of each month beginning _____ (please initial _____)

Authorized Signature: _____

Date _____

Accepted by Pool Staff Member: _____

Payment Plan:

Initial amount paid: \$ _____ (1 month)

Monthly EFT payment: _____

***Monthly Payments:** I understand that monthly plans are continuous but can be cancelled with 30 days advance notice **after** 12 monthly payments of membership with no termination charge.

If membership is cancelled before 12 payments have been made, there will be a termination fee due of \$100.00. (please initial _____).

With prior approval, we will be glad to suspend payments for extended illness or vacation for up to three months.

Membership Type (circle one):

OFFICE USE ONLY

Individual Youth

Individual Adult

Individual Senior

Family

Family Senior

Join Date: _____