

**Whitemarsh Township Parks and Recreation
Debit & Credit Card Pre-authorization Form**

I, _____, authorize Whitemarsh Township to automatically debit my account for \$_____ on the first of each month for a total of _____ months with the final payment being \$_____ on August 1st for payment for Whitemarsh Township Park and Recreation Program Fee.

I recognize that this authorization will remain in effect until I provide you with a written request directing otherwise or the payment plan has been fully executed. My bank information is as follows:

Circle one: DEBIT CREDIT CARD

NAME(S) ON ACCOUNT: _____

BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: DAYTIME: _____ EVENING: _____

E-MAIL: _____

(FOR CREDIT CARD/DEBIT CARD CUSTOMERS)

CARD TYPE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

ACCOUNT NUMBER _____ EXP DATE _____

Authorized Signature

Date

List of Programs under payment plan attached to this document