



E-Bill Authorization

Salem Tennis & Swim Club uses an automatic payment system, referred to herein as E-Bill. The individual named below (Member) hereby agrees to use E-Bill to make payment for monthly membership dues and other account charges Member authorizes.

TERMS AND CONDITIONS

Payment Schedule: The automatic clearing house (ACH) debit entry will occur on the 9th day of the month, or the first banking day following, if the 9th falls on a weekend or bank holiday. While ACH debit entries will not affect Member's bank account until this date, the amount of the ACH debit entry cannot be changed once the billing is processed by Salem Tennis & Swim Club on the first business day of the month.

Notices: To provide notice of the amount of all varying transfers to Member's bank account, Salem Tennis & Swim Club will make member's account statement available to view online at 10sportal.com at least ten (9) days before the deduction posts to Member's account.

Charge Confirmation: Member should save all receipts given with purchase of services or products. All questions about charges paid by E-Bill should be directed to the Salem Tennis & Swim Club business office.

Change in Terms: In the event of a change in policy affecting Member's potential liability or the frequency or timing of debit entries, Salem Tennis & Swim Club will provide written notice seven (7) calendar days before such changes take effect.

AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS (ACH DEBITS)

I acknowledge that I have read and understand the above terms and conditions and I hereby authorize Salem Tennis & Swim Club to initiate debit or credit entries to my account indicated below and authorize the financial institution named below (Bank), to debit and/or credit the same such account. I acknowledge that the origination of an ACH transaction to my account must comply with the provisions of US law.

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Bank Name _____	Branch _____	
Routing Number _____	Account Number _____	
Should you choose to not use an ACH debit and would rather use your credit/debit card instead there will be a \$5.00 processing fee per transaction monthly.		
Credit Card # _____	Exp. Date ____/____	CCV Number _____
Name as it Appears on Card _____	Card Billing Zip Code _____	

This authority is to remain in full force and effect until Salem Tennis & Swim Club has received written notification from Member of its termination in such time, and in such manner as to afford Salem Tennis & Swim Club and Bank reasonable opportunity to act on it.

Member Name (Please print)

Member Signature

Date