



Membership Auto-Draft Authorization Form

5828 Nancy Jane Lane – Frisco, TX 75035 - 972-292-6600 - PlayFrisco.org

Member Name: _____ Address: _____

Phone Number: _____ Email Address: _____

Please agree to the following terms

- I understand that the City of Frisco will charge my credit or debit card on the initial start date of the membership unless the billing day falls on a weekend or holiday. On those occasions the charge will be made on the following business day.
- I understand that any changes to billing or contact information can be done at www.PlayFrisco.org , or I can inform the Frisco Athletic Center staff in writing.
- I understand that nothing contained in this Authorization shall serve to reduce my obligation to pay for my membership, and the given authority shall remain in full force and effect until I provide written or electronic notification of cancellation. If the Frisco Athletic Center receives the cancellation request 5 business days before the initial start date of the membership, Auto-Draft will terminate, and my card will not be charged again. If the cancellation request is received after the 5 business days of the initial start date, the account will be billed for the following month. Monies paid in advance towards an Auto-Draft membership are not refundable, including payments processed in advance for renewal for the subsequent month.
- If the City of Frisco is unable to process my payment due to no fault of their own, I will be responsible for an alternate payment arrangement. I will pay the balance due and update debit or credit card information within 7 days of being notified that my payment was not processed. I will not be able to use the facility until I've paid the balance in full. I understand that my membership will remain active 30 days from the initial start date and the balance due will remain on my account until paid, regardless of when I return to the facility.

Credit/Debit Card Account

Name: (as it appears on card) _____

Card Type: (please select one)

- Master Card
 Visa
 Discover
 American Express

Card Information: (last 4 digits of card) ____ ____ ____ ____ Expiration Date: ____ ____ / ____ ____

Membership Type: (please select one)

- Student
 Adult
 Senior
 Adult Couple
 Family

By signing this authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate.

Member's Signature: _____ Date: _____

Staff Use:

Membership Start Date:	Member's Last Name:	Staff Name:
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