



Membership Auto-Draft Authorization Form

8300 McKinney Drive – Frisco, TX 75034 - 972-292-6550 - PlayFrisco.org



Member Name: _____ Address: _____

Phone Number: _____ Email Address: _____

Please agree to the following terms:

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| <ul style="list-style-type: none"> I understand that the City of Frisco will charge my credit or debit card on the initial start date of the membership and every 30 days unless the billing day falls on a weekend or holiday. On those occasions the charge will be made on the following business day. |
| <ul style="list-style-type: none"> I understand that any changes to billing or contact information can be made at www.PlayFrisco.org; I may also inform The Grove at Frisco Commons staff in writing. |
| <ul style="list-style-type: none"> I understand that nothing contained in this authorization form 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 Grove at Frisco Commons receives the cancellation request at least 5 business days before the billing date, auto-draft will terminate and my card will not be charged again. If the cancellation request is received fewer than 5 days from the billing 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. |
| <ul style="list-style-type: none"> 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 below)

<input type="radio"/> Mastercard	<input type="radio"/> Visa	<input type="radio"/> Discover	<input type="radio"/> American Express
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Card Information: (last 4 digits of card) _____ / _____ Expiration Date: _____ / _____

Membership Type: (please select one)

<input type="radio"/> Resident	<input type="radio"/> Non-resident
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By signing this authorization, I acknowledge that I have read and agree to the terms above. All information provided is complete and accurate.

Member Signature: _____ Date: _____

Staff Use:

Membership Start Date:	Member Last Name:	Staff Name:
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