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Installment Payment Authorization Form

- I hereby authorize the automatic debit from my credit card located at the financial institution indicated below.
- I understand that the first installment payment will be made at the time of application by cash, check or credit card, with eleven (11) installments to follow. I understand that there is a \$2 service fee applied to each installment payment for a total of \$24.
- Installments will be charged to my account between the 15th and 20th of each month.
- I further understand that if I change or close this account, I will notify the City of Kettering with the new account information immediately. The City of Kettering is not responsible for fee incurred on a closed account.
- If the City of Kettering is not able to collect an installment payment from my credit card, I will be notified and asked to pay the amount due plus a \$10 processing fee which must be paid in person with cash or credit card by the 10th of the next month.
- I understand that upon the second automatic charge rejected for non-sufficient funds, the balance of all future installments are due immediately to avoid cancellation of my membership.

Account Holder Name (Print)				
Account Holder Signature				
Credit Card Information				
Type		Exp. Date		
Last Four Digits of the Card Number	r			
STAFF USE ONLY:				
Annual Pass Fee \$	Installment Pay	ment \$		_
New Renewal First Mont	h Payment Paid \$	Cash	_ Check	Credit Card
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Type		Exp. Date		
Last Four Digits of the Card Number		_		
STAFF USE ONLY:				
Annual Pass Fee \$	Installment Pay	ment \$		_

____ New ___ Renewal First Month Payment Paid \$_____ Cash ___ Check ___ Credit Card ____

Staff Initials _____