

River Cities

Community Pool Association

Marinette, WI 54143 • riverscitiespool@new.rr.com • www.riverscitiespool.org • 715.735-0585

BANK DRAFT CONTRACT

Member Name:		Date:
Bank Name:		
Bank Routing Number:		
Account Number:		
Type of Account (circle)	Savings	Checking
Rate: \$	Date of First Draft:	

Authorization:

I (we) hereby authorize the River Cities Community Pool Association (RCCPA) to withdraw once each month a draft from my bank account listed above:

I further understand and agree:

- 1) This is a perpetual contract for membership and that renewal will **AUTOMATICALLY OCCUR** following my initial 12 monthly drafts.
- 2) It is my responsibility to notify the RCCPA immediately of any bank account change or account closing and to provide the RCCPA with current account information.
- 3) The RCCPA reserves the right to change the rate as necessary with at least 30 days written notice.
- 4) THE RCCPA reserves the right to refuse entrance into the facility if dues are delinquent. Full payment of delinquent dues will be required for reinstatement of membership privileges.
- 5) Voided check must accompany this form.

Cancellation:

I understand and agree:

- 1) I am responsible to notify the RCCPA in writing when wishing to cancel my membership. Cancellation requests for drafts on the 15th of each month must be turned in by the 15th of the previous month.
- 2) Following 2 months of insufficient funds or stop payment, future RCCPA bank draft privileges will not be available to me. To rejoin, I will be required to pay the annual membership fee in full
- 3) I can place my membership on hold for medical reasons with documentation by my physician.

Signature of Member: _____

Date: _____

Staff Signature: _____

Date: _____