

Junior Rays Registration Payment Authorization

Responsible Party Name			Date:			
Address			City	State	Zip	
Home Phone			Cell Phone			
Email						
Emergency Contact				2		
If participant is a minor:						
Parent Name 1			Parent Name 2			
Participant Name (First and Last)	Age	Member Y/N	Junior Rays Cost: \$85. Member Co	ost: \$70	Monthly Fee	
· · · · · · · · · · · · · · · · · · ·		•				
				TOTAL		
Monthly Authorizations						
	OCT.		ALITOMATIC FI	INDC TDANCEED		
AUTOMATIC CREDIT CARD CHARGE			AUTOMATIC FUNDS TRANSFER			
I authorize Mittleman Jewish Community Center (MJCC) to charge my credit card account to pay the above amount on approximately the 1st of each month, commencing/01/20			I authorize Mittleman Jewish Community Center (MJCC) to transfer funds from my checking account to pay the above amount on my MJCC account on approximately the 1st of each month, commencing/01/20 (Please attach check if new authorization.)			
This authorization is to remain in effect until I provide written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.			I authorize the financial institution identified below, to accept these charges to my account. This authorization is to remain in effect until the MJCC has received written notification. I understand that I have the right to cancel this authorization by giving written notice to MJCC ten business days prior to the 1st of the month in which I want this authority rescinded.			
Credit Card #:			Bank/Financial Institution:			
Exp. Date: CVC #:			ABA#:			
Signature:			Account #:			
Date:			Account Name:			
Date				Signature: Date:		