



Plano Parks and Recreation Department  
Month to Month Membership Auto-Draft Agreement

The month to month membership plan offers patrons access to all recreation centers and swimming pools in the Plano Parks and Recreation system. Members are required to show their membership card for use of the gyms, weight area, racquetball/squash courts, track, game room, and swimming pool.

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Please check one:     Debit                       Credit

Select card type:     Master Card     Visa     Discover

Last 4 Digits of Card:    \_ \_ \_ \_    Expiration Date    \_ / \_ \_ \_ \_

Name as it appears on the card: \_\_\_\_\_

**Please initial below:**

\_\_\_\_\_ For payment of my month to month membership, I hereby authorize the Plano Parks and Recreation Department to charge my credit or debit card listed above each month until I cancel my membership by submitting an auto-draft cancellation form pursuant to the instructions below.

\_\_\_\_\_ I agree to contact the Plano Parks and Recreation Department immediately should the card number or expiration date change and provide an alternative method of payment. Furthermore, I understand my membership status will be revoked if the payment card information becomes obsolete.

\_\_\_\_\_ I agree that all auto-draft payments are non-refundable.

\_\_\_\_\_ I understand that in order to cancel a month to month membership and stop auto-draft payments, the main account holder shall submit a completed auto-draft cancellation form to a customer service representative at any Plano recreation center. Copies of the auto-draft cancellation form are available at any Plano recreation center, or at [www.planoparks.org](http://www.planoparks.org) under Recreation Center Memberships.

I authorize the Plano Parks and Recreation Department to charge my credit card each month until I cancel my month to month membership.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Staff Use Only

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_