Membership Auto-Draft Authorization Form

1600 W Seminary Dr, Fort Worth, TX 76115 - (817) 921-5134 - www.impactactivities.com

Member Name: _____   Address: _____

Phone Number: _____   Email Address: _____

Please agree to the following terms

- I understand that Impact Activities will charge my credit or debit card a prorated amount plus registration fee on the initial start date of the membership.

- I understand that any changes to billing or contact information can be done through our login portal www.impact.clubautomation.com or our App **Impact Activities**.

- I understand that nothing contained in this Authorization 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 notification of cancellation. If Impact Activities receives the cancellation request 30 days before the initial start date of the membership, auto-draft will terminate, and my card will not be charged again. If the cancellation request is received after the 30 days of the initial start date, the account will be billed for the following month.

- If Impact Activities 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 Information

Name: (as it appears on card) _____

Card Type: (please select one)

○ MasterCard   ○ Visa   ○ Discover   ○ American Express

Card Information: (card number) _____

Expiration Date: _____/_____   **Security Code**: _____

Membership Type: (please select one)

○ Individual Tennis   ○ Family Tennis   ○ Individual Pickleball

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

Member's Signature: _____   **Date:** _____

MEMBERSHIP PLAN RENEWALS, CHANGES AND CANCELLATIONS:

AUTOMATIC RENEWAL:

All monthly session based membership plans are paid by monthly automatic electronic payment (credit card or debit card. Monthly memberships will automatically renew each month at the same payment terms and billing date established at time of enrollment. Any changes to plan or cancellations must be received 30 days in advance of the next billing cycle or plan expiration date.

MEMBERSHIP CANCELLATION:

Monthly memberships can be canceled at any time, however all cancellation requests must be submitted via our Cancellation Request Form and received thirty (30) days prior to your credit/debit card processing date. Monthly Memberships require a minimum of 30 days written notice prior to next billing date to assure cancellation of automatic payments. Cancellation requests submitted within the 30 day billing cycle will result in a final payment drawn from your account; clients will have 30 days from the last bill date to use the facilities. It is your responsibility to provide written notice 30 days in advance of your next billing date. There will be no refund issued once a payment has been charged to your credit/debit card.

MEMBERSHIP LAPSES AND MEMBERSHIP REACTIVATION:

Impact Activities does not offer a Membership "Hold" for any reason. If you choose to cancel your membership at any time and return at a later date you will be subject to any rate increases at the time of enrollment.

REFUNDS:

Impact Activities does not issue refunds retroactively for any cancellation request. Membership cancellations are only processed by sending in the Cancellation Request Form via email to mcleland@impactactivities.com. Please do not send a cancellation message to our Facebook page or other social media sites.

Impact Activities will not issue refunds if you do not use your membership, nor can you carry over sessions to the next month if you missed a class. No exceptions.

Staff Use:

Membership Start Date:	Member's Last Name:	Staff Name: