



## **AUTOMATIC CREDIT CARD BILLING** **AUTHORIZATION FORM**

- To utilize our Payment Plan, you must complete this Automatic Credit Card Billing Authorization Form prior to enrolling your child into camp. All requested information is required.
- Payment due dates are two weeks prior to the start of camp. If payment is not made by the deadline (5:00 p.m. Friday, two weeks in advance), the full amount will be charged to the credit card on file.
- Each Activity Sales Receipt is emailed to your specified email address.

***See attached for our Cancellation/Refund Policy.***

### **CUSTOMER INFORMATION (To be completed by customer)**

Customer Name: \_\_\_\_\_ Customer E-mail Address: \_\_\_\_\_ Customer Preferred Phone Number: \_\_\_\_\_

Camper Name(s): \_\_\_\_\_

### **PAYMENT INFORMATION (To be completed by customer)**

**I AUTHORIZE ARCATA RECREATION TO AUTOMATICALLY BILL THE CARD LISTED BELOW UNLESS OTHER PAYMENT ARRANGEMENTS ARE MADE.**

#### **PLEASE READ AND INITIAL EACH OF THE FOLLOWING:**

\_\_\_\_\_  
(CUSTOMER INITIALS) I understand that Arcata Recreation will continue billing as needed for outstanding camp payments and Automatic Billing will end when all payments have been received in full.

\_\_\_\_\_  
(CUSTOMER INITIALS) I have read and understand Arcata Recreation's Cancellation/Refund Policy (*see attached*).  
**I understand that the \$30 deposit paid for each camp enrollment is non-refundable.**

\_\_\_\_\_  
(CUSTOMER INITIALS) I understand the amount may vary as a result of changes I make, such as but not limited to, adding and cancelling camp enrollments. If Arcata Recreation is unable to process my payment, I will be responsible for an alternative payment arrangement and any late fee which results.

### **CREDIT CARD INFORMATION (To be completed by customer)**

**ARCATA RECREATION DIVISION ACCEPTS THE FOLLOWING CREDIT CARDS: VISA, MASTERCARD**

Credit Card type: \_\_\_\_\_ Credit Card number: \_\_\_\_\_ Expiration: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

☐ VISA ☐ MASTERCARD

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: INCLUDE CITY AND ZIP CODE \_\_\_\_\_

(NAME AS IT APPEARS ON CREDIT CARD)

**I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO ALL OF THE ABOVE. ALL INFORMATION GIVEN IS COMPLETE AND ACCURATE.**

Cardholder's Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

## CITY OF ARCATA RECREATION -CANCELLATION/REFUND POLICY-

1. The City of Arcata issues full refunds/credits for any class or program cancelled by the Arcata Recreation Division.
2. All customer cancellations must be submitted in writing\* and incur a \$10 Processing Fee.
3. All customer **camp** cancellations must be submitted in writing\* and incur a \$20 Processing Fee per weekly enrollment.
4. All camp enrollment transfers from one week to another will depend on availability and will incur a \$20 processing fee.
5. Customer cancellation refund requests must be submitted in writing\*, at least two weeks (2) prior to the start of the program. Cancellations must be received by 9 a.m. ~~For example,~~ if class starts on the 15th of the month, cancellation requests must be received by 9 a.m. on the 1st of the month. Refunds/credits are not given for individual days missed. "Make up Days" are not offered.
6. Exceptions for extenuating circumstances to our policy requires you to complete a Cancellation/Refund Request Form. If granted, refunds/credits are computed from the day the written request was received. Refunds are first applied to any household balance due.

\* Customer Cancellations, Refund Requests and Cancellation/Refund Request Forms may be e-mailed to [rec@cityofarcata.org](mailto:rec@cityofarcata.org) (preferred), mailed to 736 F Street Arcata, Ca 95521, or faxed to (707) 825-2118.