

rec@cityofarcata.org
707.822.7091
707.825.2118
www.cityofarcata.org/rec
736 F Street
Arcata, CA. 95521



Household #: _____

Updated in RecTrac _____

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*).

(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: VISA MASTERCARD Credit Card number: _____ / _____ / _____ Expiration: _____ / _____ CVV: _____
(3 digit code on back of card)

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.
4. Customer cancellation refund requests must be submitted in writing*, at least two weeks (2) prior to the start of the program. Refunds/credits are not given for individual days missed. "Make up Days" are not offered.
5. 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 (preferred), mailed to 736 F Street Arcata, Ca 95521, or faxed to (707) 825-2118.