



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 (preferred), mailed to 736 F Street Arcata, Ca 95521, or faxed to (707) 825-2118.