KINGS HIGHWAY TENNIS CLUB

AUTO PAY FORM

Member # _____ Family Name _____

Street _____ Town _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Emergency Contact _____

PROGRAMS

Name _____ Program _____ Day _____ Time _____

Cost _____ Deposit _____ Date _____ M/F _____ Balance Due _____

Name _____ Program _____ Day _____ Time _____

Cost _____ Deposit _____ Date _____ M/F _____ Balance Due _____

Name _____ Program _____ Day _____ Time _____

Cost _____ Deposit _____ Date _____ M/F _____ Balance Due _____

Name _____ Program _____ Day _____ Time _____

Cost _____ Deposit _____ Date _____ M/F _____ Balance Due _____

Name _____ Program _____ Day _____ Time _____

Cost _____ Deposit _____ Date _____ M/F _____ Balance Due _____

Name _____ Program _____ Day _____ Time _____

Cost _____ Deposit _____ Date _____ M/F _____ Balance Due _____

TOTAL DUE _____

PAYMENT OPTIONS

❑ Balance will be paid in full on the first day of play.

❑ Balance will be paid in monthly installments automatically deducted without interest from credit card listed below. I authorize Kings Highway Tennis Club to automatically charge my VISA, MasterCard, American Express for the monthly amounts listed below due under this payment plan. Any additional charges incurred will be added to your monthly payment.

❑ VISA ❑ Master Card ❑ American Express

Card Number _____ Exp. Date _____ Signature _____

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Session 1 October $ _____ November $ _____ December $ _____ Total $ _____

Session 2 January $ _____ February $ _____ March $ _____ Total $ _____

I understand my application will be considered on first come first serve basis and a non-refundable deposit is required for each program. I understand and read Kings Highway Tennis Club policies on the additional form provided. Please note that there are no refunds or credits for missed classes and you are responsible for the entire balance. If your payment fails to clear bank processing, a $25.00 overdraft charge will be added to your account. If your credit card declines during any month and we attempt to reprocess it and it still declines you will then be responsible for payment in full of the entire balance due.

Signature _____ Date _____

The staff will explain our monthly billing process. Staff Initials _____

KINGS HIGHWAY TENNIS CLUB

98 Old Kings Highway North, Darien, CT 06820 (203) 655-8769

ORIGINAL - WHITE CUSTOMER - YELLOW