

Household #: _____



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

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM

- To utilize our Payment Plan option, you must complete this Automatic Credit Card Billing Authorization Form prior to enrolling your child into camp. All requested information is required.
- If payments are not made by 5pm each Monday before your child's enrolled week of camp begins, the full amount will be charged to the credit card on file. We will e-mail each Activity Sales Receipts to your specified e-mail address.

See attached for our Cancellation/Refund Policy.

CUSTOMER INFORMATION (To be completed by customer)

Customer name: _____ E-mail address: _____ 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 Summer Camp 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 summer 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: _____

Cardholder's Billing Address: _____

(AS IT APPEARS ON CREDIT CARD)

(INCLUDE CITY AND ZIP CODE)

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

Cardholder's signature: _____

Date: _____

Arcata Recreation Division

CREATING COMMUNITY THROUGH PEOPLE, PARKS AND PROGRAMS

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 \$5 Processing Fee.
3. All customer **camp** cancellations must be submitted in writing* and incur a \$15 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 hand delivered, mailed (736 F St. Arcata, Ca 95521), faxed (707-825-2118), or emailed (rec@cityofarcata.org).