



Direct Payment Authorization Form

With the Direct Payment Plan, you have the option to have your monthly Membership fee debited automatically from your checking or savings account or charged to your credit card.

Facility (please circle one):

Connie Bean

Spinnaker Point

Indoor Pool

Member Name: _____

Member #: _____

Contact Phone Number: _____

Monthly Fee: _____

To initiate this service, please complete the form below.

1. Supply your name and address.
2. Indicate whether your payment will be deducted from your checking or savings account; or if charging to a credit card.
3. Incomplete forms will be returned, unprocessed and your membership will be put on hold until the form is completed.
4. **Your signature is required.**

Terms and Conditions:

- The signature below authorizes the City of Portsmouth to initiate monthly electronic debit entries to your checking or savings account, or to initiate monthly charges to your credit or debit card and accepts the terms and conditions established by the City.
- The amount debited monthly from the account or charged monthly to your card will be the "Monthly Fee" shown above.
- Should a fee change affect your Monthly Fee, you will be notified 30-days prior to the change via postal mail.
- There are no additional fees for Direct Payment transactions.
- Existing City fees and penalties will be assessed for returned transactions due to non-sufficient funds or disputed charges.
- The authorization to debit your account or charge your card will remain in effect until we receive written notification from you to terminate. This notification to terminate must be received at least fifteen (15) days prior to the 1st of the month you wish to terminate, in order to stop the debit to your account or charge to your credit card for the following month. Termination requests should be sent to: City of Portsmouth, 1 Junkins Avenue, Portsmouth, NH 03801, ATTN: Finance Dept.

Please circle one if the following:

Checking/Savings

Credit/Debit Card

Last four (4) digits of account #: _____

Date: _____

Name (on account): _____

Address: _____

City, State & Zip: _____

Signature: _____ **Printed Name:** _____