

This form gives authorization for funds to be withdrawn automatically.

**Gorham Parks and Recreation
Automatic Withdrawal Authorization**

Name: _____

Address: _____

City State Zip: _____

Phone: _____

E-Mail: _____

Frequency Cycle (check one): Monthly Weekly

Fund Designation

\$ _____ / Month

\$ _____ / Week Total \$ _____ / Month

Date for first withdrawal: _____

Date for last withdrawal: _____

Credit Card type: MC / VISA / DISCOVER

Card Number _____ Exp _____ CVC _____

I authorize Gorham Recreation to process debit entries to my account.

Signature _____

Date _____