



# CREDIT CARD AUTHORIZATION FORM

CITY OF SOUTH GATE  
4900 Southern Avenue, South Gate, CA 90280  
Phone: (323) 563-5445 E-Mail: membership@sogate.org

I, \_\_\_\_\_, hereby authorize the City of South Gate ("City") to charge my South Gate Sports Center membership dues on a monthly basis from my credit/debit card.  
*MEMBERSHIP DUES AND RELATED FEES SUBJECT TO PERIODIC INCREASE.*

\$ \_\_\_\_\_ TO BE CHARGED ON SIGNATURE DATE BELOW.  
\$ \_\_\_\_\_ TO BE CHARGED ON THE \_\_\_\_\_ CALENDAR DAY OF EACH MONTH ("CHARGE DATE")  
COMMENCING \_\_\_\_/\_\_\_\_/\_\_\_\_.

### Contact/Billing Information:

Cardholder Name (as shown on card): \_\_\_\_\_  
Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Card Type:  Visa  MasterCard  Discover

Last 4 Digits of Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**REOCCURRING BILLING:** I HEREBY AUTHORIZE THE CITY TO CHARGE MY CREDIT/DEBIT CARD THE AMOUNT(S) ABOVE. REOCCURRING CHARGES WILL BE MADE **MONTHLY** ON THE CHARGE DATE ABOVE. THIS REOCCURRING CHARGE AUTHORIZATION SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL CANCELLED BY ME IN WRITING. I ACKNOWLEDGE THAT THE AMOUNT OF MONTHLY REOCCURRING CHARGE IS SUBJECT TO PERIODIC INCREASE AS INDICATED ABOVE.

**CANCELLATION POLICY:** CANCELLATION OF THIS AUTHORIZATION MUST BE MADE IN WRITING TO THE CITY AT THE ADDRESS OR BY EMAIL LISTED ABOVE AND DELIVERY IS EFFECTIVE UPON THE CITY'S RECEIPT. CANCELLATION FORM BELOW MAY BE USED BUT IS NOT REQUIRED. CANCELLATIONS MUST BE RECEIVED AT LEAST **FIVE (5) BUSINESS DAYS** PRIOR TO THE NEXT CHARGE DATE. **SPORTS CENTER BUSINESS DAYS/HOURS: MONDAY THROUGH FRIDAY 8:00 A.M. TO 8:00 P.M., SATURDAYS 10:00 A.M. TO 4:00 P.M.** FULL MONTHLY AMOUNT WILL BE CHARGED FOR CANCELLATIONS RECEIVED ON OR AFTER THE CHARGE DATE. MEMBERSHIP PRIVILEGES TO CONTINUE TO THE END OF THE APPLICABLE PERIOD FOR WHICH FINAL PAYMENT IS MADE. NO REFUNDS FOR CANCELLATION.

**MEMBERSHIP DOES NOT PROVIDE PRIORITY ACCESS TO SPORTS CENTER/SWIM CENTER FACILITIES. FACILITIES COULD BE SUBJECT TO CLOSURE DUE TO HOLIDAYS, SPECIAL EVENTS, AND HEALTH/SAFETY CONCERNS. NON-COMPLIANCE OF FACILITY RULES AND REGULATIONS COULD RESULT IN FORFEITURE OF MEMBERSHIP.**

I hereby authorize the City to charge my credit/debit card upon the terms and conditions above. I acknowledge that I have read and I agree to the terms and conditions of the Cancellation Policy and have retained the Cancellation Form below or a copy thereof. I will not dispute the City's reoccurring billing charges with my credit/debit card issuer so long as such charges occurred prior to my cancellation of this authorization in the manner required. I guarantee and warrant that I am the legal cardholder for this credit/debit card and that I am legally authorized to execute this authorization.

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Cancellation Form

Cancellation of Credit Card Authorization for monthly charge of South Gate Sports Center membership dues must be made in writing to the City of South Gate at *8650 California Avenue, South Gate, CA 90280* OR *emailed to membership@sogate.org* and delivery is effective upon the City's receipt. This Cancellation Form may be used but is not required. **Charge Date is the \_\_\_\_\_ calendar day of each month.** Cancellations must be received at least **five (5) business days** prior to the next Charge Date. **City Hall business days/hours: Monday through Thursday 7:00 a.m. to 5:30 p.m.** Full monthly amount will be charged for cancellations received on or after the Charge Date. Membership privileges to continue to the end of the applicable period for which final payment is made. No refunds for cancellation.

I hereby cancel my authorization to charge my credit/debit card on file.

Signature of Cardholder: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name: \_\_\_\_\_

Member Name to be Cancelled: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

Date of Birth \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Phone \_\_\_\_\_