

SUBSCRIPTION BILLING UPDATE

Household Information

Head of Household (first, middle & last)		Household ID	
Street Address		City	ZIP Code
Home Phone	Work Phone	Cell Phone	

Please Change My Billing Information

Billing Type:	<input type="checkbox"/> Community Center Membership	<input type="checkbox"/> Swim Team Fees	<input type="checkbox"/> Gymnastics Team Fees Level _____
	<input type="checkbox"/> I-PASS		Fee _____ End Date _____

Change Billing To:

<input type="checkbox"/> SAVINGS	Routing Number _____ Account Number _____
<input type="checkbox"/> CHECKING	Routing Number _____ Account Number _____
<input type="checkbox"/> MC/VISA	Account Number _____ Exp Date: _____

I understand that the changes reflected above may change the monthly membership fee charged to my account. I hereby authorize the City of Mason to initiate debit entries for the monthly membership subscription, including any adjustments that are necessary to make the changes I have requested above, and to initiate, if necessary, credit entries and adjustment for any debit entries in error to my account on record. I additionally authorize the financial institution or credit card to debit or credit the same to the account on record. This authority is to remain in effect until revoked in writing through the subscriber cancellation process.

Pass Holder Signature _____

Date _____

For Office Use Only

<h2 style="margin: 0;">Attach voided check if applicable</h2>	Processed by: _____ Date Changed: _____ Next Bill Date: _____
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