

Mason Community Center
 6050 Mason-Montgomery Road
 Mason, Ohio 45040
 513.229.8555



Rec'd by: staff initials

SUBSCRIPTION BILLING UPDATE

Household Information			
Name on Card / Account Holder (First, middle & last)			Household ID
Billing Address		City/State	ZIP Code
Home Phone	Work Phone	Cell Phone	
E-mail Address			

Please Change My Billing Information		
Billing Type		Monthly Fee
<input type="checkbox"/> Community Center Membership <input type="checkbox"/> Summer Camps <input type="checkbox"/> Manta Rays Masters Program	<input type="checkbox"/> Swim Team <input type="checkbox"/> Gymnastics Team - Enter Level: _____	Fee: _____ End Date: _____ (if applicable)

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: _____ CVV: _____ 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	
Attach voided check if applicable	Processed by: _____ Date Changed: _____ Next Bill Date: _____