## Auto Pay Agreement Use of Credit for Recurring Charges at Family and Morale, Welfare and Recreation

Facility or Program Name:										Effective Date:											
								First Name:										M.I :			
Card Type:	** ' 0 '			Visa					1	Discove	liscover			American Express		3					
Custome	r Name as i	t appea	rs on c	ard:																	
First Name:																			M.I		
Last Name:																					
Credit Card Number: (last 4 digits)  Credit Expiration Date: Month Year																					
E-Mail Ad	ddress: (opt	ional)																			
Billing Street Address:										Apt#:											
City: State: Zip:																					
Type of Program/Service:  (Example: Child Care, Camp, Classes Equipment Rental, Dues, etc.)  Family Membe					ember	· Name(s):				urrent Fee: Weekly (Monday)			Semi-Month (1st/15th) Monthly (1st)		Quarterly (10ct - 1Jul) (S		Annual Specify Date)				
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are de multip 2. This au 3. Termin been i 4. This du 5. The G custor 6. For in  AUTHORIT PURPOSE: ROUTINE	ave hereby determined by the child reduct thorization of this a received, you elegation of a carrison Family for the control of the carrison family. Title 10 U to provide a USE(S): This a provided on IRE: Voluntary	program/, titions or coes not	activity changes exempt in must il continuo cannot borale, Weir bank pdate you cannot be unot be u will be will be	enrollmes in DoD you from be in wri ue to be ere-del /elfare ar or credii our cred 13, Secre ent as a c used out	MWR and and Income a paying ting to a charge egated and Recrit card it	activity may va e Categ g any active active d in accive and is vereation ompany informal	to charging from ory quadditional vity man cordance valid un or Instate y due to tion, visenay, AR enience of the destrict of destrict of the cordance of the	ge your billing of allification I service nager a se with total formalilation No insufficit www.	credit copycle to ns. e charge minimulatis agreally mood Manage cient fur armymy Carmy Car	eard for the billing of the billing of the care ment. diffied, suggested the command c	ne autho ycle und ees or p o weeks spendec mmand check c auto-pay d Policy ment of I	reviou in adv d, or ca (IMCC ard or and E. MWR:	installm agreer is balance anceled DM), GS maxed .O. 939 services	nent bille nent ba nces not f your d l. 9 Direct credit I 7 (SSN s receiv	ed serv sed on covere esired orate is imits.	periodic ed under withdraw	Army-drive this agreen all date. If we consible for	n rate adj nent. vritten not additiona	iustments, ice has not al charges a		
Cardholds	er Signature	<b>,</b> .														1	Date:				