

RAC @ the JCC Automatic Payment Authorization Form

Date: ___/___/___

Member # _____

Program Participant: _____

Address: _____ Zip Code: _____

Phone Number: _____

Please make all checks payable to the Staten Island JCC

Check Group			Non-member	10% - NM PIF	JCC Member	10% - M PIF	15% Fam. Discount
	Senior	12AQ402	\$1300	\$1170	\$1000	\$900	\$1105
	Junior I	12AQ403	\$1100	\$990	\$800	\$720	\$935
	Junior II	12AQ404	\$825	\$742.50	\$600	\$540	\$701.25
	St. Peter's	12AQ406	\$587.50				
	Farrell	12AQ407	\$587.50				

Swim Fee Adjustments - (check all that apply)

___ Pay in full ___ JCC Member ___ Family Discount

___ St. Peter's Member ___ Farrell Member

Please check ONE payment option:

Four Payments

November	December	January	February

One Payments (10% Discount)

September

Please select a Payment Method

Checking Account Payments:

Name on Account _____

Bank Name _____

Bank Routing Number _____

Bank Account Number _____

Authorized Signature _____ Date _____

Credit Card Payments:

Name on the Account _____

Card Type: MC VISA AM (circle one)

Account Number _____

Expiration Date _____

CSV # _____

Authorized Signature _____ Date _____

