

Membership Auto-Draft Authorization Form

11225 Luna Rd #3113 , Dallas, TX 75229 - (214) 670-6367 - <u>www.impactactivities.com</u>

Member Name:	_	Address:		
Phone Number:		Email Address:		
	<u>Pleas</u>	e agree to the	following terms	
	t Impact Activities t date of the mem		dit or debit card a prorated amount plus registration fee)
		ng or contact informati or our App Impact Act	on can be done through our login portal ivities.	
membership, and cancellation. If In membership, aut	d the given autho npact Activities re lo-draft will termin	rity shall remain in for eceives the cancellar nate, and my card w	on shall serve to reduce my obligation to pay for my ull force and effect until I provide written notification of tion request 30 days before the initial start date of the ill not be charged again. If the cancellation request is account will be billed for the following month.	
alternate paymer 7 days of being n paid the balance	nt arrangement. I notified that my pa in full. I understa	will pay the balance ayment was not product and that my member	due to no fault of their own, I will be responsible for an edue and update debit or credit card information within cessed. I will not be able to use the facility until I've ship will remain active 30 days from the initial start until paid, regardless of when I return to the facility.	1
	<u>Credit/</u>	Debit Card Acc	count Information	
Name: (as it appears on car	d)			
Card Type: (please select or	ne)			
MasterCard	Visa	Discover	American Express	
Card Information: (card nur	nber)			
Expiration Date:	/	Security Code:		
Membership Type: (please	select one)			
Individual Tennis	Family Tennis	Individual Pic	kleball	
By signing this authorizatio complete and accurate.	n, I acknowledge	e that I have read ar	nd agree to all of the above. All information given is	
Member's Signature:			Date:	



MEMBERSHIP PLAN RENEWALS, CHANGES AND CANCELLATIONS:

AUTOMATIC RENEWAL:

All monthly session based membership plans are paid by monthly automatic electronic payment (credit card or debit card. Monthly memberships will automatically renew each month at the same payment terms and billing date established at time of enrollment. Any changes to plan or cancellations must be received 30 days in advance of the next billing cycle or plan expiration date.

MEMBERSHIP CANCELLATION:

Monthly memberships can be canceled at any time, however all cancellation requests must be submitted via our <u>Cancellation Request Form</u> and received thirty (30) days prior to your credit/debit card processing date. Monthly Memberships require a minimum of 30 days written notice prior to next billing date to assure cancellation of automatic payments. Cancellation requests submitted within the 30 day billing cycle will result in a final payment drawn from your account; clients will have 30 days from the last bill date to use the facilities. It is your responsibility to provide written notice 30 days in advance of your next billing date. There will be no refund issued once a payment has been charged to your credit/debit card.

MEMBERSHIP LAPSES AND MEMBERSHIP REACTIVATION:

Impact Activities does not offer a Membership "Hold" for any reason. If you choose to cancel your membership at any time and return at a later date you will be subject to any rate increases at the time of enrollment.

REFUNDS:

Impact Activities does not issue refunds retroactively for any cancellation request. Membership cancellations are only processed by sending in the <u>Cancellation Request Form</u> via email to <u>Ibhouston@impactactivities.com</u>. Please do not send a cancellation message to our Facebook page or other social media sites.

Impact Activities will not issue refunds if you do not use your membership, nor can you carry over sessions to the next month if you missed a class. No exceptions.

Staff Use:

Membership Start Date:	Member's Last Name:	Staff Name: