

CREDIT/DEBIT CARD AUTHORIZATION

Preferred Name *(Please print, as appears on credit/debit card):*

First	MI	Last
-------	----	------

Billing Address *(If different than mailing address):*

Street	City	State	Zip
--------	------	-------	-----

Membership Type	Quantity	Amount
UAB Employee	_____	_____
Platinum Member	_____	_____
Colleague*	_____	_____
Recent Alumni	_____	_____
Alumni	_____	_____
Household Member	_____	_____
Minor	_____	_____
Retiree	_____	_____
Non-prime	_____	_____

*SRI, Sodexo, Children's Hospital, VA, Horizons, Cooper Green,
 First Transit, Pyramid Hotel Group

Annual Total: _____
Monthly Total _____
Membership Staff Initials: _____

The cardholder of the credit/debit card used for monthly drafting must be the primary member of the URec. After initial payment at time of joining, these fees will be automatically drafting from provided VISA, MasterCard, AMEX or Discover, starting with the second month of membership. If your card is declined, the balance reversed back to your account. Your membership will be temporarily deactivated and the URec will request another card be used for payment and drafting. Your monthly deduction(s) will recur until ended by member or the Office of University Recreation. Termination of membership does not release the employee from the obligation to pay an outstanding balance. Please alert the Member Services if your card information ever changes.

Cancellation Clause: The undersigned further expressly agrees that you understand the termination policy. All Memberships that opt in for monthly Debit/Credit Card deductions will continue to pull each month until a Cancellation Form is filled out and submitted to Membership Services.

Signature: _____ **Date:** _____