

Community Recreation Association 400 Main St., Dalton, MA 01226 (413)684-0260 www.daltoncra.org

2024-2025 Kid's Club EFT Agreement

Child/Children's Name:

I, _____, authorize my bank/credit card to make my payment by the method indicated below, and post it to my account monthly.

CHECKING: (NOTE: For Checking Account Authorization, attach a voided check)

(Routing Number)		
	(Account Number)	
	(*For Credit Card, attach a cop	y of card front/back)
(Card Number)	(Exp. Date)	
(Name on Card)	(CVC)	(Billing Zip Code)
Association (CRA). The CRA assumuless notified. Dues are processed charges.	nes that all credit card numbe l by Community Pass; a \$10	Il control of my payment, and if any time I all or write the Community Recreation ers will be renewed with new expiration dates service charge will be applied to all returned
		your bank account or credit card for your dues n the first business day of each month.
Card Holders Signature:		
		Date:
Uploaded to Kids Club program in C	Community Pass (office use o	only)
Employee:		Date: