Cancellation requests must be submitted in writing. They will be prorated and a $10 processing fee is withheld from each request. The balance will be applied to your household account to use for a future program. If the refund is due to medical reasons, a full refund will be issued as long as your request is accompanied by a doctor’s note. There are no refunds for memberships.

Please fill in card info in the boxes below

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Please indicate if Master Card, Visa or Discover (we don’t accept American Express)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Expiration Date

|  |  |  |
| --- | --- | --- |
|  |  |  |

CSC from back of card

Name as appears on card

Billing address

Is this a commercial/company credit card YES NO. If yes please provide company name

By my signature I authorize the Town of Monroe Parks and Recreation Department to charge above credit card

Date

All of the above credit card information must be filled in properly for us to process credit card payment.

Program(s) registering for

Invoice #