



Town of Blackfalds Credit Card Agreement

New Change Renewal Abbey Centre Membership

PAYOR NAME: _____ MAILING ADDRESS: _____

PAYEE: TOWN OF BLACKFALDS

Contact Info for Payee:
Town of Blackfalds – Abbey Centre
Box 220 (4500 Womacks Rd) Blackfalds AB T0M 0J0
Phone: (403) 885-4039 Fax: (403) 885-0150 E-mail: guestservices@blackfalds.com

DESCRIPTION OF CC: **ABBEY CENTRE - ANNUAL MEMBERSHIP – CREDIT CARD ONLY**
 Business Child Youth Adult Senior Family
 Personal

Payment Amount \$ _____	FREQUENCY: <input type="checkbox"/> Monthly (28 th of the month) DECLINED PAYMENTS: \$25 Admin Fee charged to account per occurrence. After three offences the member becomes ineligible to utilize the EFT option at time of membership renewal.	PAYOR CREDIT CARD Payment Information: PLEASE INITIAL <input type="text"/> I verify that I have provided my credit card information, in person, to the Abbey Centre, Guest Services for input and processing for the noted annual memberships. 1. _____ 2. _____ 3. _____
Maximum Payment Amount: \$ _____		
START DATE: _____ 28th / _____		

NEW AUTHORIZATION:
I/We acknowledge that this Authorization is provided for the benefit of the Payee and "Processing Institution" and is provided in consideration of Processing Institution agreeing to process CC against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules"). By signing this Authorization, the Payor acknowledges having received and having read a copy of this Agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this Agreement, and agrees to be bound by the terms and conditions of this Agreement, including the terms and conditions on page 2. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

Payor Signature _____ Date _____

STATEMENT OF NOTIFICATION:
THE TOWN OF BLACKFALDS AGREES TO PROVIDE NOTIFICATION 10 DAYS PRIOR TO NEXT PAYMENT, IF THERE IS A PAYMENT CHANGE.
THE PAYOR AGREES TO PROVIDE 10 DAYS NOTICE OF ANY CHANGE PRIOR TO THE NEXT CREDIT CARD PAYMENT.

CHANGE AUTHORIZATION :
The Payor hereby changes this Credit Card Agreement effective: _____

Payor Signature _____ Date _____

Personal information collected on this form will be used for the sole purpose of setting up recurring payments for Town of Blackfalds-Abbey Centre annual memberships. Personal information is collected under the authority of Section 33 (c) of the Alberta Freedom of Information and Protection of Privacy Act (FOIP) and will be protected under Part 2 of the FOIP Act. Questions regarding this collection of personal information may be directed to the Town of Blackfalds FOIP Coordinator at 403-885-6248.