Auto Pay Agreement

Use of Credit for Recurring Charges at Family and Morale, Welfare and Recreation

Facility or Program Name: _____ Effective Date: _____

Last Name: _____ First Name: _____ M.I : _____

Card Type: Master Card ☐ Visa ☐ Discover ☐ American Express ☐

Customer Name as it appears on card:

First Name: _____ M.I ☐

Last Name: _____

Credit Card Number: (last 4 digits) ☐☐☐☐ Credit Expiration Date: ☐☐ Month ☐☐ Year

E-Mail Address: (optional) _____

Billing Street Address: _____ Apt#: _____

City :_____ State: _____ Zip: _____

Type of Program/Service: (Example: Child Care, Camp, Classes Equipment Rental, Dues, etc.)	Family Member Name(s):	Current Fee: (Estimate)	Weekly (Monday)	Semi-Month (1st/15th)	Monthly (1st)	Quarterly (1Oct - 1Jul)	Annual (Specify Date)

AUTOMATIC PAYMENT AGREEMENT

1. You have hereby designated the Family and MWR activity to charge your credit card for the authorized installment billed services listed above. Fees for these services are determined by program/activity enrollment and may vary from billing cycle to billing cycle under this agreement based on periodic Army-driven rate adjustments, multiple child reductions or changes in DoD Income Category qualifications.
2. This authorization does not exempt you from paying any additional service charges, late fees or previous balances not covered under this agreement.
3. Termination of this agreement must be in writing to the activity manager a minimum of two weeks in advance of your desired withdrawal date. If written notice has not been received, your card will continue to be charged in accordance with this agreement.
4. This delegation of authority cannot be re-delegated and is valid until formally modified, suspended, or canceled.
5. The Garrison Family and Morale, Welfare and Recreation or Installation Management Command (IMCOM), G9 Directorate is not responsible for additional charges a customer may incur from their bank or credit card company due to insufficient funds on a check card or maxed credit limits.
6. For instructions on how to update your credit card information, visit https://www.armymwr.com/resources/payments-1/auto-pay

AUTHORITY: Title 10 U.S.C. Section 3013, Secretary of the Army; AR 600-20 Army Command Policy and E.O. 9397 (SSN)
PURPOSE: To provide automated payment as a customer convenience option for making payment of MWR services received.
ROUTINE USE(S): This form will not be used outside the Department of Defense.
Information provided on this form will be securely maintained and destroyed upon termination of requested services.
DISCLOSURE: Voluntary. Refusal to provide the requested information will prevent the DFMWR from enrolling the patron in Auto Debit for scheduled payments.

Cardholder Signature: _____ Date: _____