

SEVERNA PARK COMMUNITY CENTER

Gather. Play. Grow. Thrive.

Fitness Center Monthly Pass Recurring Pay Agreement

Customer Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

I, _____ (Customer Name) agree to pay to the Severna Park Community Center the following monthly recurring payment of \$_____ for full access to the Fitness Center during operating hours. If you wish to cancel your recurring payment, notice needs to be submitted via email or in writing at least 3 days prior to the account withdrawal date noted in the contract. Emails should be forwarded to Dawn at DBohny@spcommunitycenter.org. Written notices should be mailed to Severna Park Community Center, 623 Baltimore Annapolis Blvd., Severna Park MD. 21146, attention Dawn.

I further agree these payments may be made by automatic charge to the credit card number that I have provided. By signing this document, I authorize the merchant of record to maintain my credit card or bank account on file for this purpose.

I understand the Severna Park Community Center will provide a 30-day written notice to my email on record should there be a change to the contract, including an increase in fees.

Customer Signature: _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ CVV Code: _____