

# Direct Debit Authorization Form



**LUDLOW COMMUNITY CENTER  
RANDALL BOYS & GIRLS CLUB**

Please fill in the whole form and return it with your registration form to:

**Ludlow Community Center  
Randalls Boys & Girls Club  
91 Claudia's Way, Ludlow, MA 01056**

Name(s) of Bank Account Holder(s)

Address:

City, Zip Code

Name(s) Participant(s)

Program(s)

Financial Institution Name:

Routing Number:

Account Number:

Type of Account:

Checking \_\_\_\_\_ Saving \_\_\_\_\_

I / we authorize you until further written notice or until completion of the program to debit my / our account in the amount of \_\_\_\_\_ every Friday.

PLEASE SIGN HERE

Authorized Signature(s):

\_\_\_\_\_

Date:

\_\_/\_\_/\_\_\_\_

**\*\*\*A fee of \$ 20.00 will be charged in the event a payment is returned.\*\*\***