



William Shore Memorial Pool District

225 E. 5th Street
Port Angeles, WA 98362
(360) 417-9767

Electronic Automatic Payment Authorization Form

I, _____ authorize William Shore Memorial Pool to electronically charge my debit/credit card on file for my child's monthly attendance payment for Spark Squad. I understand that the monthly attendance transaction will occur between the 1st and 7th of the following month of my child(s) attendance.

Any attendance/charge discrepancies I find will need to be addressed with the Spark Squad Coordinator and a credit will be issued to my account.

If I wish to cancel automatic transactions for monthly attendance payments, I need to contact the Spark Squad Coordinator in writing via email before the 20th of the next month to be charged.

_____(Initial)

Child(s) name:

Parent/Guardian name (print):

Signature:

Date: _____

Office Use Only: Received by: _____ Date: _____ Auto payment entered in CR _____
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