



CHANGE OF MEMBERSHIP PAYMENT/BILLING REQUEST FORM

DATE OF REQUEST: _____

Member Information:

Main Member's Name : _____ JCC Member # _____

Address: _____

City: _____ State: _____

Phone (Home): _____ Phone (Cell/Alt): _____

Automatic Bank Draft : (Attach a voided check)

Bank Name: _____ Name on Account _____

Routing # _____ Account # _____

Authorization Signature: _____

(payments will not process without your signature)

Automatic Credit/Debit Card Charge:

*Please note: If you choose AMEX as form of payment a 3.5% surcharge will be added to membership dues

Type (circle): MC Visa AMEX Credit/Debit Card#: _____

Name On Card: _____ Date of Expiration: _____

Authorized Signature of Cardholder _____

(payments will not process without your signature)

I, understand that any changes will be prorated for current month's charges. Unless, member requests to have above changes start and processed on the next billing cycle as set in account.

Member Signature: _____ Date: _____

(payments will not process without your signature)

For Office Use Only:

Associate Name - reviewed and verified if completed with member (Print & Date): _____

Processed by - Accounting Department - Name (Print) and Date: _____