



Credit Card Information

Card Type: MasterCard VISA Discover AMEX
 Other _____

Cardholder Name (as shown on card): _____

Card Number: _____ CVV _____

Expiration Date (mm/yy): _____

Cardholder ZIP Code (from credit card billing address): _____

I authorize the City of Maumelle to debit my account indicated below. This authority is to remain in full force and effect until the City of Maumelle has received written notification to terminate. The written notification to terminate should be received in our office by the 1st day of the month of your draft. This will afford the City of Maumelle and the financial institution a reasonable opportunity to stop your draft. Membership & draft will expire at end of calendar year.

All Drafts are on the 15th of the month

If the 15th is a Saturday, draft will be on Friday and if the 15th is a Sunday, draft will be on Monday.
NOTE: The amount of all applicable service fees will be drafted from your account monthly.

Email Address (required)

Signature(required) _____ Date _____

If a payment rejects or doesn't process via square, member will be notified via email. The membership will be cancelled until member updates payment information.