



**CITY OF LIVONIA**  
**DEPARTMENT OF PARKS AND RECREATION**  
 Jack E. Kirksey Recreation Center  
**Electronic Fund Transfer Agreement**  
 (Business Members Must also complete Business Membership Application)



**MEMBER NAME** \_\_\_\_\_ **(Payer Name)** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **E-mail** \_\_\_\_\_

**Primary Phone** (\_\_\_\_) \_\_\_\_\_ **Work Phone** (\_\_\_\_) \_\_\_\_\_

**Nine (9) Digit ABA/Routing#** \_\_\_\_\_ **Name of Financial Institution** \_\_\_\_\_

**Checking / Savings** (Please circle one) **Account#** \_\_\_\_\_

**Credit Card Number** \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ **Exp. Date** \_\_\_\_/\_\_\_\_ **CVS Code** \_\_\_\_\_

**Name on Card** \_\_\_\_\_ **Zip Code of Cardholder** \_\_\_\_\_

**Please list Individuals (First and Last Names) to be included on EFT Membership below: (Family members must be any combination of related family members all residing at the same address. Individuals 18+ must show proof of residency.)**

NAME	RELATIONSHIP TO PRIMARY MEMBER	BIRTHDATE	AGE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Please read all Terms of Agreement and sign on back side of this form.)

**Terms of Electronic Transfer Agreement**

**Staple voided check here.**

- I authorize the City of Livonia to deduct monthly membership fees from my checking/savings/credit card account in the amount of \$ \_\_\_\_\_ on the \_\_\_\_\_ of each month beginning with \_\_\_\_\_ unless I am notified otherwise.
- I understand that I must pay one month in advance at the time of purchasing my membership.
- I have provided valid bank account or credit card information.
- I understand that I am responsible for ensuring that the account provided has sufficient available funds on my automatic payment date to allow for the automatic deduction of my payment.
- I understand that the City of Livonia will suspend my membership if it is unable to collect any payment due.
- I understand that I am liable for any uncollected payment and that there is a \$25.00 fee for any failed payments.
- Due to banking procedures and regulations, drafts may be delayed up to 5 days after your due date.
- I understand that I am obligated for a minimum of 1 year membership before cancelling.
- I understand that after 1 year the membership will automatically renew and the amount will continue to be deducted from my bank account each month until I have notified the Livonia Parks and Recreation Department in writing to stop the deduction. Written notification must be done at least 30 days prior to my monthly deduction date.
- I understand that, should I decide to stop my membership payment plan for any reason before my 12 month obligation is fulfilled, I am still obligated to pay for the remaining balance.
- I understand that automatic deductions will continue even if there is a change in the date of the deductions, a change in the amount due for my membership or the addition or removal of family members from my membership.
- I understand that the City of Livonia can raise membership fees with a minimum of 30-day notice.

## TERMS OF AGREEMENT (CONT.)

1. The City of Livonia and the Jack E. Kirksey Recreation Center, its officials and representatives, either employed or voluntary, assume no responsibility whatever for any injury (by the participant/s) in the Jack E. Kirksey Recreation Center activity. Further, to the best of my ability, I hereby certify that the foregoing is a true and complete disclosure of medical conditions, which could adversely impact others present at the Jack E. Kirksey Recreation Center or be adversely impacted by the participation of those named above in activities at the Jack E. Kirksey Recreation Center.
2. I understand that participation in any activity and use of the equipment and facilities, within the Jack E. Kirksey Recreation Center is at my sole discretion and judgment and is at my own risk. I will appropriately and safely limit my activities and those of my sponsored dependents, to take into account my/our physical condition limitations and skill level.
3. I understand that this Annual Membership is for general, open use hours of the Jack E. Kirksey Recreation Center only, and that there will be times when access to the Jack E. Kirksey Recreation Center, or parts thereof, will not be available to annual members.
4. There shall be no refund, transfer, or proration for Annual Membership purchases.
5. I understand that all individuals listed above are accepted with the understanding that we agree to abide by the House Rules of the Jack E. Kirksey Recreation Center available online at [www.livoniaparks.org](http://www.livoniaparks.org) or at the front desk. \_\_\_\_\_ **(Member Initials Here)**. I acknowledge that any violation of the rules may result in expulsion from the Center and/or termination of this Membership Agreement without any refund.
6. I certify that the information given on this application is true and correct.
7. I grant permission to use photographs/video taken of me/my family for departmental advertisement use. *Please contact our office if you do not want photographs taken.*

Medical conditions or special needs we should be aware of: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency contact: \_\_\_\_\_  
(Name and relationship)

Contact Phone number \_\_\_\_\_

If you are a new member and you were "Referred" by a current member, please list member name: \_\_\_\_\_

**How did you hear about us?**

Past Member    L Magazine    Friend    Website    Facebook    Commercial    Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Responsible Person (Parent/Guardian Signature required for ages 17 and under)

**DATE SUBMITTED** \_\_\_\_\_ **AMOUNT PAID** \_\_\_\_\_ **Staff Initials** \_\_\_\_\_