

**KORTE RECREATION CENTER CONTRACT**  
**MONTHLY DEBIT MEMBERSHIP PAYMENT**

I hereby authorize the City of Highland to transfer a monthly payment of \$  from my account. The debit will be processed the 15th day of each month. I give the financial institution named below the authority to debit my account as indicated. Monthly debit memberships **must complete one continuous year**. Cancellations must be requested by the 1st of the month by completing the Membership Cancellation Form in order to avoid withdrawal and signed by both heads of the household if a family membership. Notification of any price increases will be sent by mail 30 days prior to the change.

Bank Institution: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Routing # (left bottom) \_\_\_\_\_ Account # (middle bottom) \_\_\_\_\_

**ATTACH A VOIDED CHECK HERE**

