



Season Pass Payment Plan Agreement

Customer Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-mail Address: _____

Pass Information:

Pass Type: _____

Total Pass Price: _____

Down payment \$ _____

**A down payment of 50% is required when the payment plan is established.*

Total Balance for Payment Plan: \$ _____

Monthly Payment Amount: \$ _____

**Payment plans must be paid in full by July 1st of the year in which the pass is valid for.*

Payment Information:

Credit Card Type: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Credit Card CVV: _____

Conditions of Agreement:

- a. I authorize the City of Yorkton to take automatic payments from my credit card as indicated above for the purchase of the season pass detailed above. 50% of the full pass price is required at the time of the initial purchase, after which payments will be processed on the first business day of the month.
- b. I acknowledge that the payment plan must be paid in full by July 1st of the season in which the pass is valid for. I understand that golfing privileges will be revoked if full payment is not received by July 1st.
- c. Payment rejected by the credit card company due to the card being expired or exceeding the credit limit may result in termination of the payment plan agreement and golfing privileges being suspended. All outstanding payments become due and payable immediately, and may subject to penalties.
- d. In the event of a change in the credit card information, I will notify the City of Yorkton at least 15 days prior to the next due date for card cancellation and to provide the new credit card information.
- e. Additional payments on the plan are permitted and will not cause penalty. The plan can be paid in full before the maturity date if the purchaser wishes to apply additional payments.
- f. I acknowledge the conditions of this agreement through receipt of a signed copy of this authorization.

Signature of Season Pass Holder: _____

Date: _____