

CITY OF DECATUR, ALABAMA
2020 Point Mallard Aquatic Season Pass
Refund Form Authorization Agreement

I, _____ (Authorized Signer) hereby authorize the **City of Decatur, Alabama** to initiate refund to the contact information below for payment of the 2020 Point Mallard Aquatic Center season pass. Further, I agree to hold harmless the **City of Decatur, Alabama**, its officials, employees, and representatives, not responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **City of Decatur, Alabama** receives a written notice of cancellation from me, or until I submit a new refund form.

Contact Information

Order # _____ *(Located on emailed receipt.)*

Name: _____

Mailing Address _____

E-mail: _____

Phone: _____

Signature

Requestor Signature: _____ **Date:** _____