



# Funshine Treehouse Automatic Credit/Debit Authorization Form

School Year 2022-2023

HH# \_\_\_\_\_

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

New Enrollment

Credit Card/Debit Card Update

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### CHILD(REN) ENROLLED

Last Name:	First Name:	Program Number:	Monthly Fee:	Location:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- I understand and agree that my credit/debit card noted below will be automatically charged on the 5th of each month. If the 5th of the month falls on a Saturday, Sunday or District holiday, the card will be charged on the next business day the office is open starting in August through April.
- I understand and agree to give the Dundee Township Park District authorization to charge the credit/debit card noted below for any and all past due Funshine Treehouse fees.
- I also understand and agree that my child(ren)'s enrollment in the program may be suspended or cancelled at the discretion of the Manager until an updated form of payment is received and successfully processed. If full payment is not received by the 20th of the month, a \$25 late payment fee will be added to the balance due.

### **AUTOMATIC PAYMENT ELECTION** **PAYMENTS ARE PROCESSED - AUGUST THRU APRIL**

Payment Type     Credit Card     Debit Card  
 Card Type         Visa                       MasterCard             Discover                 American Express

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

CVV: \_\_\_\_\_ Total Monthly Charge: \$ \_\_\_\_\_

*With my signature below, I understand and agree to all of the terms outlined above in this agreement.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Drivers License # or State ID# \_\_\_\_\_