



# 2019 Day/Sports/Zoo Camps & Camp Care Automatic Credit/Debit Authorization Form

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

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

New Enrollment

Credit Card/Debit Card Update

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

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

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

### PARTICIPANTS ENROLLED

Last Name:	First Name:	Last Name:	First Name:
_____	_____	_____	_____
_____	_____	_____	_____

- I understand and agree that my credit/debit card noted below will be automatically charged. I will pay one week in advance for each weekly camp/camp care session selected on the Day/Sports/Zoo Camps Registration Form. These fees will be automatically processed on the Monday of each week.
- I understand and agree that it is my responsibility to update my credit card on file for automatic payment. I understand and agree that transactions rejected due to no fault of the Dundee Township Park District will be assessed a \$10 service fee.
- I also understand and agree that my child(ren)'s enrollment in the program may be suspended or cancelled at the discretion of the Supervisor until an updated form of payment is received and successfully processed.
- 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 Day/Sports/Zoo Camps and Camp Care fees.

### AUTOMATIC PAYMENT ELECTION

Payment Type  Credit Card  Debit Card

Card Type  Visa  MasterCard  Discover  American Express

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

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

CVV: \_\_\_\_\_ Total Weekly 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# \_\_\_\_\_