



Fall 2021/Winter 2022 Dundee Dolphins Automatic Credit/Debit Authorization Form

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 October 12, 2021 and November 12, 2021.
- 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 Division Manager until an updated form of payment is received and successfully processed. If full payment is not received by the 26 of the month, a \$25 late payment fee will be added to the balance due.
- 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 Dundee Dolphins fees.

AUTOMATIC PAYMENT ELECTION **BILLING DATES: OCTOBER 12, 2021 & NOVEMBER 12, 2021**

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

Name on Card: _____

Card Number: _____ Expiration Date: _____ / _____

CVV Code: _____ 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# _____