



AM Circle of Friends Automatic Credit/Debit Authorization Form

School Year _____

HH# _____

Date: _____

New Enrollment

Credit Card/Debit Card Update

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____

Email: _____ Phone: _____

CHILD(REN) ENROLLED

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

- I understand and agree that my credit/debit card noted below will be automatically charged on the first of each month. If the first 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 that it is my responsibility to update my credit card on file for automatic payment.
- I understand and agree that my child(ren)'s enrollment in the program may be suspended or cancelled until an updated form of payment is received and successfully processed. If full payment is not received by the 15th 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 Circle of Friends fees.

AUTOMATIC PAYMENT ELECTION

Payments are Processed August thru April

Payment Type Credit Card Debit Card At this time DTPD cannot accept Flexible Spending Account cards for payment.

Card Type Visa MasterCard Discover American Express

Name on Card: _____

Card Number: _____ Expiration Date: _____ / _____

CVV Code: _____ Total Amount to be Charged: \$ _____

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# _____