



2025 Discovery, Day & Sports Camps & Camp Care Automatic Credit/Debit Authorization Form

HH# _____

Date: _____

New Enrollment

Parent/Guardian Name: _____

Credit Card/Debit Card Update

Address: _____ City: _____ State: _____

Email: _____ Phone: _____

PARTICIPANTS ENROLLED

Last Name: _____ First Name: _____

Last Name: _____ First Name: _____

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 and Sports 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 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 and Sports Camps and Camp Care fees.

AUTOMATIC PAYMENT ELECTION

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

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# _____