

Buffalo Grove Park District Clubhouse Payment Agreement Form 2020 - 2021

Child's Name:	School:		
Address:	City:	Zip:	
I am responsible for the monthly tuition of \$, which will be debite program hours/activities, I will be	ed in nine installments on the 1 st or 15 th responsible for fees for time reserved,	
\square I would like my monthly tuition deducted on the $\underline{1}$	st_of each month.		
\square I would like my monthly tuition deducted on the $\underline{1}$	<mark>5th</mark> of each month.		
Credit Card Automatic Payment Agreeme	ent (only select one option):		
All declined payments are subject to a $$25$ decline fee. If a parent, of the delinquency, the child will be temporarily removed from the pathen be resubmitted in the form of cash, money order, check, cashing	program until the account is paid in full. If		
If you wish to discontinue your credit card automatic payment agre- updated expiration date or if you wish to change to a different cred the posting date. Forms are available at the Park District and online	lit card, you must fill out a new Payment A		
Cardholder Name:			
Credit Card Number:	Ex	Expiration Date:	
I (we) give permission for the Buffalo Grove Park Distreach month, beginning on:			
Credit Card Tuition Payment Authorized Signature:		Date:	
Direct Debit Tuition Payment Agreement	- Please Attach A Voided Blank C	heck	
All declined payments are subject to a \$25 decline fee. If a parent, of the delinquency, the child will be temporarily removed from the payments.	/guardian is delinquent on a child's accou		
If you wish to change the form of payment from automatic withdrav Form within five business days prior to the posting date. Forms are			
I (we) authorize Buffalo Grove Park District, to initiate debit entries hereinafter called "Institution", to debit the same such account. I (we correct any errors and "Institution" to initiate any such corrections to Park District and "Institution" has received written notification from a Grove Park District and "Institution" a reasonable opportunity to account to the control of	ve) further authorize Buffalo Grove Park Di o my (our) account. This authority is to ren me (or either of us) of its termination in suc	strict to initiate credits to my (our) account to nain in full force and effect until Buffalo Grove h time and in such manner as to afford Buffalo	
Direct Debit Information: Check bank account you we	ant your payment withdrawn from	: Checking Savings	
Name(s) on Bank Account:	Bank Account Num	nber:	
Bank Transit ABA (Routing Number):			
I (we) give permission for the Buffalo Grove Park Distreach month, beginning on:			
Direct Debit Tuition Payment Authorized Signature:		Date:	

Due to internet security precautions, credit card and payment information are not accepted via email.