



DANCE CREDIT CARD AUTOMATIC PAYMENT AGREEMENT

Tuition payments will be divided into nine equal payments with the first payment due at registration. Payments will be charged at registration and on September 19, October 19, November 19, December 19, 2018, January 18, February 19, March 19 and April 19, 2019.

Credit card payments that are declined will be charged a \$15.00 service fee by the Buffalo Grove Park District. If a credit card payment is declined, payment must then be resubmitted with the \$15.00 service fee in the form of cash, money order, check, cashier’s check or an alternative credit card. If a parent/guardian is delinquent on a child’s account, and does not submit payment within one week of the delinquency, the child will be removed from the program.

If you wish to discontinue your credit card automatic payment agreement and pay in full, need to report your credit card lost, stolen, compromised, or provide a current expiration date, you must notify the Buffalo Grove Park District office: Attn: Robin Racusen in writing (forms are available at the Park District and on line at www.bgparkdistrict.org) five business days prior to the posting. If you wish to change to a different credit card you must notify Robin Racusen in writing (forms are available at the Park District and on line) five business days prior to the posting and include a \$5.00 service fee. Payment for this service fee can be made by credit card check, cash or money order. If notification is not received five business days prior to the posting and there is a decline for any reason there is a \$15.00 service fee.

Due to internet security precautions, the payment form is only accepted via fax, mail or in-person. Credit card information is not accepted via email.

CREDIT CARD INFORMATION

I give my permission to the Buffalo Grove Park District to place the below amount on my credit card at registration and on September 19, October 19, November 19, December 19, 2018, January 18, February 19, March 19 and April 19, 2019.

Child’s name: _____ Home Phone #: _____

Address: _____ City: _____ Zip: _____

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ Amount of Payments \$ _____

Authorized Signature: _____ Date: _____

Office Use Only:

Payment #1 _____ #2 _____ #3 _____ #4 _____ #5 _____ #6 _____ #7 _____ #8 _____ #9 _____