



## DANCE ACADEMY 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 11, October 11, November 11, December 11, 2019, January 10, February 11, March 11 and April 11, 2020.

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](http://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 11, October 11, November 11, December 11, 2019, January 10, February 11, March 11 and April 11, 2020.**

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 \_\_\_\_\_