



**BUFFALO GROVE PARK DISTRICT**

**Camps**

**PAYMENT AGREEMENT FORM**

Child's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Payments will be debited on 4/1/21, 5/1/21 and 6/1/21.

**Credit Card Automatic Payment Agreement (only select one option):**

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, report your credit card lost, stolen, compromised or provide a current expiration date, you must notify the Buffalo Grove Park District office: Attn: Office Manager in writing (forms are available at the Park District and on line at bgparks.org) within five business days prior to the posting.

If you wish to change to a different credit card you must notify Office Manager in writing (forms are available at the Park District and on line) within 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.

Cardholder Name \_\_\_\_\_

Credit Card Number \_\_\_\_\_ CVV: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I (we) give permission for the Buffalo Grove Park District to charge the amount from the account previously indicated dates above.

Credit Card Auto Payment Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Direct Debit Tuition Payment Agreement (only select one option):**

Electronic fund transfers (EFT) that are denied due to insufficient funds will be charged a \$15.00 service fee by the Buffalo Grove Park District. If a payment is returned for insufficient funds, payment must then be resubmitted with the \$15.00 service fee in the form of cash, money order, credit card, check or cashier's check. 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 change the form of payment from automatic withdrawal to credit card debit, or to another account, you must notify the Buffalo Grove Park District office: Attention Office Manager in writing (Schedule Change Forms are available at the Park District and on line at bgparks.org) within five business days prior to the posting. There will be a \$5.00 fee charged for each change.

**PLEASE ATTACH A VOIDED BLANK CHECK**

*I (we) authorize Buffalo Grove Park District, to initiate debit entries to my (our) checking/savings account indicated below and the bank named below, hereinafter called "Institution", to debit the same such account. I (we) further authorize Buffalo Grove Park District to initiate credits to my (our) account to correct any errors and "Institution" to initiate any such corrections to my (our) account. This authority is to remain in full force and effect until Buffalo Grove Park District and "Institution" has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Buffalo Grove Park District and "Institution" a reasonable opportunity to act on it prior to withdrawing or depositing to the account. I (we) give permission to the Buffalo Grove Park District to debit the amount from the account indicated, on the dates listed above.*

Direct Debit Information: Check bank account you want your payment withdrawn from: Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

Name(s) on Bank Account: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Transit ABA (Routing Number): \_\_\_\_\_

Direct Debit Tuition Payment Authorized Signature \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: Deposit Payment: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**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.**