



**Hampshire Township Park District
AUTOMATIC PAYMENT AUTHORIZATION FORM**

P.O. Box 953
390 South Avenue
Hampshire, IL 60140
847-683-2690
Fax 847-683-1741

Date: _____ HH# _____

- New Enrollment
- Credit Card/Debit Card Update

Parent/Guardian Name: _____
 Address: _____ City: _____ State: _____
 Email: _____ Phone: _____

Children Enrolled

| Last Name: | First Name: | Fee: |
|------------|-------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- I understand and agree that my credit/debit card noted below will be automatically charged on the Thursday of each week. If the Thursday falls on a holiday, they will be charged on Wednesday.
- I understand and agree that it is my responsibility to update my credit card on file for automatic payment. I understand and agree that transactions rejected due to no fault of the Hampshire Township Park District will be assessed a \$10 service fee.
- I also understand and agree that my child(ren)'s enrollment in the program may be suspended or cancelled at the discretion of the Program Supervisor until an updated form of payment is received and successfully processed. If full payment is not received by the 15th of the month, a \$25 late payment fee will be added to the balance due.
- I understand and agree to give the Hampshire Township Park District authorization to charge the credit/debit card noted below for any and all past due Extended Care Program fees.

AUTOMATIC PAYMENT ELECTION

Payments are processed monthly August through May for 2021/2022

Punch passes are a one time charge

Payment type: **Credit Card** **Debit Card**

Card type: **Visa** **MasterCard** **Discover**

Name on Card: _____

Card Number: _____

Expiration Date: _____ / _____ CVV: _____

Total Amount to be Charged: _____ Monthly / One time (circle one)

With my signature below, I understand and agree to all of the terms outlined above in this agreement.

Parent/Guardian Signature: _____ **Date:** _____