

Hampshire Township Park District AUTOMATIC PAYMENT AUTHORIZATION FORM

Date:				
New Enrollment		Credit Card/Debit Card Update		
Parent/Guardian Name	:			
Address:		City:	State:	
Email:		Phone:		
Children Enrolled		E.		
Last Name:	First Name:	FE	ee:	

- I understand and agree that my credit/debit card noted below will be automatically charged on the 1st of each month. If the 1st of the month is a weekend or a Holiday, payment will process on the next business day.
- I understand and agree that my credit/debit card noted below will be charged, by occurrence, for any accrued fees (Late Pick Up Fee, No Notification Fee, Schedule Change Fee, and/or Late Schedule Change Fee).
- 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, I 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 2024/2025
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Payment type	Credit Card	d 🛛 🗆 Deb	Debit Card		
Card type	🗆 Visa	MasterCare	b		
Name on Card:					
Card Number: Expiration Do	ate:		_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:____