

**AUTOMATIC MONTHLY
CREDIT/DEBIT PAYMENT**



Date ____/____/____

Office Use Only

Household Last Name _____ RecTrac Household #: _____

Name of Participants(s) enrolled in Auto Payment

1. _____ 2. _____

Great Adventures Registration Fee ONLY (\$75)

Great Adventures Registration Fee & Installment Billing Plan

Great Adventures Installment Billing Plan

Type (circle one) VISA MASTERCARD DISCOVER

Name on Card: _____

Last 4 Numbers of Credit/Debit Card: _____ Expiration Date: ____/____

Authorized Signature: _____

Terms and Conditions

In choosing the above method of payment for Plainfield Park District Great Adventures Program, I authorize direct charges (per Payment Agreement) to the selected credit/debit card. The Registration Fee will be charged when my child is placed in a class when the lottery occurs. Installment payments will then be charged on or about the 15th day of each month until I provide notice of cancellation (30 days written notice/or payment plan ends). I understand that any changes to my card must be provided to Plainfield Park District prior to the 15th day of the month. Plainfield Park District is authorized to adjust withdrawals for monthly fees and assess a charge (\$25) for any returned EFT draft in accordance with this agreement

_____(Initials)

OFFICE USE ONLY:

Registration Fee: \$75 • Returning Student: 02/28/2019 • New Student: 03/15/2019

Monthly Payment Plan: \$ _____ per month beginning ____/____/____ for _____ months.

Staff Initials: _____ Date: _____