



EZ-Pay Authorization Form

Please Print Clearly

Account Holder's Name: _____

Participant's Name: _____ Home Phone: _____

<input type="checkbox"/> New Enrollment
<input type="checkbox"/> Change of Information

Program:

Monthly payments for the following program are due throughout the duration of the program or membership contract. See your program's specific payment guidelines for details. Please select one of the following:

- | | | |
|------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Fitness | <input type="checkbox"/> Dance | <input type="checkbox"/> Camp |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Before and After School Care | <input type="checkbox"/> Other _____ |

Electronic Funds Transfer Authorization	
<i>I hereby authorize the Carol Stream Park District to electronically transfer funds from the account listed below in the amount of my monthly program fees.</i>	
<input type="checkbox"/> Checking	Bank Name: _____
<input type="checkbox"/> Savings	Routing # _____
	Account # _____
<i>Please provide a voided check or savings account documentation at this time.</i>	

Credit Card Payment Authorization	
<i>I hereby authorize the Carol Stream Park District to process my monthly program fees by way of my credit card.</i>	
<input type="checkbox"/> Credit Card	Card Number: _____
	Expiration Date: ____/____
	Security Code: _____

Terms of Automatic Payment Plan:

By participating in the automatic payment plan, I understand and agree to the following terms:

- My monthly draft amount is outlined in my program's payment structure, and may fluctuate if I change my program registration in any way. The start and end dates of this monthly draft will follow the terms outlined in my program's payment guidelines.
- My draft date shall be the FIRST day of the month, however I understand it may take up to five days after the first of the month to post to my account. I agree to maintain sufficient funds in my bank account to cover each draft.
- I must provide written notice of any changes to my bank account or credit card 15 days prior to my next draft.
- Cancellation of my automatic payment plan must be requested in writing 15 days prior to my next draft. I also understand that if I choose to cancel my draft, I must make alternate payment arrangements.
- Any account that returns to CSPD as non-sufficient funds will be assessed a non-sufficient funds fee, and may result in the forfeiture of this payment option.
- CSPD reserves the right to revoke the payment plan, or an individual's participation in the payment plan, at any time.
- Carol Stream Park District will notify me in writing of any changes to the Electronic Funds Transfer/Credit Card payment option or change in monthly fees at least 30 days prior to effective date of change.

I agree to the terms of the Electronic Fund Transfer/Credit Card Authorization payment option outlined above.

_____	_____	_____
Printed Name of Account Holder	Signature of Account Holder	Date

Office Use Only:		
Staff Initials _____	Date Received _____	<input type="checkbox"/> Voided Check/Savings Proof Attached

White: Finance Yellow: Customer