

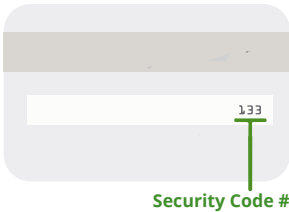
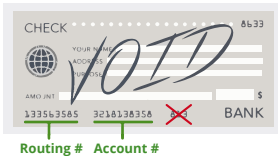
**Enrollment**

- New**
- Update**
- Backup**

**Enrollment For**

- ActivKids**
- Camp**
- Dance**
- Fitness**
- Forever Young**
- Preschool**
- Springers**
- Other**

Monthly payments for the following programs are due throughout the duration of the program or membership contract. Review your program's specific payment guidelines for details.



INTERNAL USE ONLY

STAFF INITIAL \_\_\_\_\_

DATE    /    /

Payment Plan Updated

Participant Name \_\_\_\_\_

 Organization Name *(if applicable)* \_\_\_\_\_

Cell Phone \_\_\_\_\_ Add'l Phone \_\_\_\_\_

**ECP Authorization** *(electronic check withdrawal from checking account)*

Account Holder's Name \_\_\_\_\_

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

I hereby authorize the Carol Stream Park District to process my monthly program fees by way of electronic check payment.

**Debit/Credit Card Payment Authorization**
 Debit Card     Credit Card     Business Card

*Business Card must include name of user or be accompanied by company letter of authorization that can be verified by phone.*

Card Holder's Name \_\_\_\_\_

 Card Number *(last 4 digits)* \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

Security Code # \_\_\_\_\_

I hereby authorize the Carol Stream Park District to process my monthly program fees by way of debit/credit card.

**TERMS OF AUTOMATIC PAYMENT PLAN**

My monthly payment 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 scheduled payment will follow the terms outlined in my program's payment guidelines and will be processed based on the program's specific payment plan.** Declined payments will be reprocessed for up to 10 business days.

I agree to maintain sufficient funds in my bank account or credit card account to cover each payment. I understand that if I choose to cancel my payment, it must be requested in writing 5 days prior to my next payment and I must make alternate payment arrangements. Any EZ Payment that fails to process will be assessed a non-sufficient funds fee, and may result in the forfeiture of the EZ Payment option. CSPD reserves the right to change or revoke the payment plan, or an individual's participation in the payment plan or program, with or without notice.

**Name** *(Print)*

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**Signature** **Date** MM/DD/YY