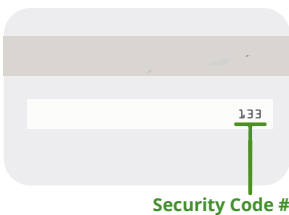
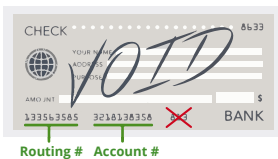


### Enrollment For

- ☐ **ActivKids**  
☐ **Adult Trips & Events**  
☐ **Camp**  
☐ **Dance**  
☐ **Fitness**  
☐ **Preschool**  
☐ **Springers**  
☐ **Other**

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.



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 # \_\_\_\_\_

### Primary Debit/Credit Card Payment Authorization

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

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

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

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

### Secondary Debit/Credit Card Payment Authorization

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

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

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

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

### TERMS OF AUTOMATIC PAYMENT PLAN

My 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 primary bank account or credit card account to cover each payment. I understand that if my primary bank account or credit card account fails to process, my secondary bank account or credit card account will automatically be charged. 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 Automatic Payment that fails to process will be assessed a non-sufficient funds fee, and may result in the forfeiture of the Automatic Payment option. Carol Stream Park District 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.

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

**Name (Print)**

**Signature**

**Date MM/DD/YY**

#### INTERNAL USE ONLY

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

DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

☐ Payment Plan Updated

**RETURN BY EMAIL: INFO@CSPARKS.ORG**

**RETURN BY MAIL: CAROL STREAM PARK DISTRICT 849 W. LIES RD. CAROL STREAM, IL 60188**