



## CHILDCARE PAYMENT PLAN AUTHORIZATION FORM

Program (please check one):  Preschool  Club Kids

Participant's Name

Parent/Payee Name

Address

City

St

Zip

Home Phone

Cell Phone

Email Address

### Credit Card Information:

- Visa
- Mastercard
- Discover

Card #: \_\_\_\_\_

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

3 Digit Security Code: \_\_\_\_\_

Families on payment plans will have the allocated amount automatically charged to the credit or debit card on file. Payment will be withdrawn on the 1<sup>st</sup> (Preschool) or 15<sup>th</sup> (Club Kids) of the month depending on the program for which the payment plan is being utilized. Please refer to your registration packet for the amount of your monthly payment.

If payments are declined for **ANY** reason there will be a **\$30.00 administrative fee** charged to your account. Declined payments must be paid by the last day of the month. If payments are not made by the dates indicated it may result in your child's removal from the program. It is your responsibility to notify the Park District's Superintendent of Finance to update your card information if you have a lost, stolen, or expired credit/debit card, stolen identity issue, banking problem, another party making payment, divorce related situation, or any other issue that might cause your card to decline. Payment plan balances can be paid in full at any time, or partial payments can be made toward the remaining balance to reduce the monthly debit amount.

*I hereby authorize the Roselle Park District to initiate charges for the purpose of payment for the programs listed above, according to the attached schedule of monthly fees, to the credit/debit card listed above. I further authorize the Roselle Park District to initiate credits to my account to correct any errors and the Financial Institution to initiate any such corrections to my account. This authority is to remain in full force and effect until Roselle Park District and the Financial Institution have received written notification of its termination in such time and in such manner as to afford Roselle Park District and the Financial Institution a reasonable opportunity to act on it prior to debiting the account. I agree to provide any necessary updated credit/debit card information at least 7 days prior to any date when the change is needed for scheduled processing to take place. If payment is not able to be processed according to the schedule below, I agree to pay the \$30 service charge in addition to the scheduled amount due before the first day of the subsequent month. I understand that failure to do so will result in the suspension of all related program services until full payment of the entire balance due is made.*

Authorized Signature

Date

