



**AUTOMATIC MONTHLY
CREDIT/DEBIT PAYMENT**

<input type="radio"/>	GREAT ADVENTURES
<input type="radio"/>	SUMMER CAMP
<input type="radio"/>	OTHER

Member Information (Please Print)

Date _____/_____/_____

Last Name _____ Phone Number _____

Address _____ City _____ Zip _____

Name of Participant(s) enrolled in Auto Payment	
1. _____	2. _____

Terms and Conditions

In choosing the Installment Billing method of payment for Plainfield Park District, I authorize direct charges (per Payment Agreement) to the selected credit/debit card. Payment will 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 accounts must be provided to Plainfield Park District prior to the 15th day of the month. **A \$25 fee will be charged for any declined cards.** _____ (Initial)

Credit/ Debit Payment Information			
Type (circle one)	VISA	MASTERCARD	DISCOVER
Card Number:	_____ - _____ - _____ - _____		
Expiration Date:	_____/____/____		Card CVV/CVC _____ <small>(Three digit # on back of card)</small>
Name on Card	_____		
Authorized Signature	_____		Date _____

OFFICE USE ONLY:			
Credit/ Debit Card Updated:	_____	EXP _____	CVV/CVC _____
DATE _____	Reason: _____	VIA PHONE OR IN PERSON	INITIALS _____