

EFT Monthly Billing Sheet

Name of Child: _____	Type of Membership: _____
Resident or Non-Resident Fee: _____	Comments: _____ _____ _____

<u>#</u>	<u>Date Charged:</u>	<u>Amount Charged:</u>	<u>Initials:</u>	<u>Authorization Code:</u>
<u>Registration Fee</u>		\$50.00		
August 21				
September 18				
October 16				
November 20				
December 18				
January 15				
February 19				
March 18				
April 15				

Channahon Park District: After The Bell 2019-2020 School Year

Confidential monthly payment plan authorization electronic funds transfer (EFT)

Guardians Name: _____

Address: _____

Day Phone: _____ Alternative Phone: _____

Participants Name: _____ Grade: _____ ATB or TZ Fee: _____

Participants Name: _____ Grade: _____ ATB or TZ Fee: _____

Participants Name: _____ Grade: _____ ATB or TZ Fee: _____

I request that my *After the Bell* fee(s) be charged directly to my charge account and understand the following.

- **A \$50 non-refundable registration fee will be charged the day of registration.**
- I will not receive a receipt for my payment each month and that the charge will appear on my charge card statement monthly.
- This EFT is to remain in effect for a minimum of nine consecutive months. EFT schedule is listed below.
- Winter/Spring Break camps and Extended Days outside of the regular school year are not included in the monthly payments and must be paid individually.
- **If my card is declined for any reason there will be a \$25.00 decline fee.**

	2019/2020 Charge Dates	
Wednesday, August 21	Wednesday, September 18	Wednesday, October 16
Wednesday, November 20	Wednesday, December 18	Wednesday, January 15
Wednesday, February 19	Wednesday, March 18	Wednesday, April 15

Please charge my *After the Bell* fee(s) to the following charge account:

Primary Card:

Name on Card: _____

MasterCard Account: _____ Expiration Date: _____ CVC: _____

VISA Account: _____ Expiration Date: _____ CVC: _____

Discover Account: _____ Expiration Date: _____ CVC: _____

Secondary Card: (Will only be charged if primary card is declined)

Name on Card: _____

MasterCard Account: _____ Expiration Date: _____ CVC: _____

VISA Account: _____ Expiration Date: _____ CVC: _____

Discover Account: _____ Expiration Date: _____ CVC: _____

Signature: _____ **Date:** _____

** I authorize the Channahon Park District to continually charge the account listed above for a consecutive nine months for the After School Program fee(s).*