

**EFT Monthly Billing Sheet**

<b>Name of Child:</b>  _____
<b>Fee:</b>  <u>\$170 per month</u>
<b>Comments:</b>  _____  _____

	<u>Date Charged:</u>	<u>Amount Charged:</u>	<u>Initials:</u>	<u>Authorization Code:</u>
<u>Registration Fee</u>		\$50.00		
August 19				
September 16				
October 21				
November 18				
December 16				
January 20				
February 17				
March 17				
April 21				

**Channahon Park District: Before The Bell 2020-2021 School Year**

Confidential monthly payment plan authorization electronic funds transfer (EFT)

Guardians Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Fee: \$170

Participants Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Fee: \$170

Participants Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Fee: \$170

I request that my *Before 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.
- **If my card is declined for any reason, there will be a \$25.00 decline fee.**

2020/2021 Charge Dates		
Wednesday, August 19	Wednesday, September 16	Wednesday, October 21
Wednesday, November 18	Wednesday, December 16	Wednesday, January 20
Wednesday, February 17	Wednesday, March 17	Wednesday, April 21

Please charge my *Before 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 Before-School Program fee(s).*