

EFT Monthly Billing Sheet for 2023-2024

Name of Child: <hr/>
Fee: <u>\$300</u> Comments: <hr/> <hr/>

	<u>Date Charged:</u>	<u>Amount Charged:</u>	<u>Initials:</u>	<u>Authorization Code:</u>
<u>Registration Fee</u>		\$50.00		
August 16				
September 20				
October 18				
November 15				
December 20				
January 17				
February 21				
March 20				
April 17				

Channahon Park District: After School Program 2023-2024 School Year

Confidential monthly payment plan authorization electronic funds transfer (EFT)

Guardians Name: _____

Address: _____

Day Phone: _____ Alternative Phone: _____

Participants Name: _____ Grade: _____ Fee: \$300

Participants Name: _____ Grade: _____ Fee: \$300

Participants Name: _____ Grade: _____ Fee: \$300

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 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 Full Days Off School during the regular school year are not included in the monthly payments.
- **If my card is declined for any reason, there will be a \$25.00 decline fee.**

2023-2024 Dates		
Wednesday, August 16	Wednesday, September 20	Wednesday, October 18
Wednesday, November 15	Wednesday, December 20	Wednesday, January 17
Wednesday, February 21	Wednesday, March 20	Wednesday, April 17

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).