

EFT Monthly Billing Sheet

Channahon Park District: Summer Day Camp 2024

Confidential monthly payment plan authorization electronic funds transfer (EFT)

Child Name : _____

Circle one: Camp Heritage or Kinder Camp

Circle one: Resident or Non-Resident

Circle one: M-F or M-W-F or Tu-Th

Vacation Week: (if signing up for all 3 sessions of camp)

<u>#</u>	<u>Date Charged:</u>	<u>Amount Charged:</u>	<u>Initials:</u>	<u>Authorization Code:</u>
Day Of Regist.				
June 7				
June 14				
June 21				
June 38 <small>* Prorate for July 4th</small>				
July 5				
July 12				
July 19				
July 26				

For office use only

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Confidential monthly payment plan authorization electronic funds transfer (EFT)

Guardians Name: _____

Address: _____

Day Phone: _____ Alternative Phone: _____

Participant Name: _____ Grade: _____ Fee: _____

I request that my *Summer Day Camp 2024 fee(s)* be charged directly to my charge account and understand that if I cancel before the end of summer there will be a \$25.00 cancellation fee.

- **Resident weekly fee Kinder Camp: \$217 / Non-Resident weekly fee: \$232**
- **Resident weekly fee Camp Heritage Monday-Friday: \$217 / Non-Resident weekly fee: \$232**
- **Resident weekly fee Camp Heritage Mon/Wed/Fri: \$140 / Non-Resident weekly fee: \$155**
- **Resident weekly fee Camp Heritage Tu/Th: \$94 / Non-Resident weekly fee: \$104**
- 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 8 consecutive weeks beginning June 7.
- **If my card is declined for any reason, there will be a \$25.00 decline fee.**

		2024 Charge Dates		
Day of Registration	Friday, June 7	Friday, June 14	Friday, June 21	Friday, June 28
Friday, July 5	Friday, July 12	Friday, July 19	Friday, July 26	-----

Please charge my *2024 Summer Day Camp Fee(s)* to the following charge account:

Primary Card:

Name on Card: _____

Circle Card Type: Mastercard Visa Discover

Account: _____ Expiration Date: _____ CVC: _____

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

Name on Card: _____

Circle Card Type: Mastercard Visa Discover

Account: _____ Expiration Date: _____ CVC: _____

Signature: _____ **Date:** _____

** I authorize the Channahon Park District to continually charge the account listed above for 8 consecutive weeks, beginning June 7.*