

Buffalo Grove Park District Clubhouse Payment Agreement Form 2023 - 2024

Child's Name:	School:	
Address:	City:	Zip:
I am responsible for the monthly tuition amount \$ of each month. In the event of any absences during program time spent at the program.		
Credit Card Automatic Payment Agreement (onl	ly select one option):	
All declined payments are subject to a \$25 decline fee. If a parent one week of the delinquency, the child will be temporarily removed f payment must then be resubmitted in the form of cash, money order,	from the program until the account	is paid in full. If a credit card payment is declined,
If you wish to discontinue your credit card automatic payment agree updated expiration date or if you wish to change to a different cred prior to the posting date. Forms are available at the Park District and	dit card, you must fill out a new P	
Credit Card Number:		Expiration Date:
Cardholder Name:		CW Code:
I (we) give permission for the Buffalo Grove Park District to a each month, beginning on:		
Credit Card Tuition Payment Authorized Signature:		Date:
Direct Debit Tuition Payment Agreement - Please	Attach A Voided Blank Check	
All declined payments are subject to a \$25 decline fee. If a parent one week of the delinquency, the child will be temporarily removed		
If you wish to change the form of payment from automatic withdre Agreement Form within five business days prior to the posting date.		
I (we) authorize Buffalo Grove Park District, to initiate debit entries to hereinafter called "Institution", to debit the same such account. I (we correct any errors and "Institution" to initiate any such corrections to r Park District and "Institution" has received written notification from Buffalo Grove Park District and "Institution" a reasonable opportunity	e) further authorize Buffalo Grove F my (our) account. This authority is me (or either of us) of its terminat	Park District to initiate credits to my (our) account to to remain in full force and effect until Buffalo Grove ion in such time and in such manner as to afford
Direct Debit Information: Check bank account you want you	r payment withdrawn from:	Checking Savings
Name(s) on Bank Account:	Bank Account Num	ber:
Bank Transit ABA (Routing Number):		
I (we) give permission for the Buffalo Grove Park District to a		
Direct Debit Tuition Payment Authorized Signature:		Date:

Due to internet security precautions, credit card and payment information are not accepted via email.