



**Hampshire Township Park District  
AUTOMATIC PAYMENT AUTHORIZATION FORM**

P.O. Box 953  
390 South Avenue  
Hampshire, IL 60140  
847-683-2690  
Fax 847-683-1741

Date: \_\_\_\_\_

HH# \_\_\_\_\_

- New Enrollment
- Credit Card/Debit Card Update

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Children Enrolled**

Last Name:	First Name:	Monthly Fee:
_____	_____	_____
_____	_____	_____
_____	_____	_____

- I understand and agree that my credit/debit card noted below will be automatically charged on the first of each month. If the first of the month falls on a weekend or District holiday, the card will be charge on the next business day the office is open starting in September through May.
- I understand and agree that it is my responsibility to update my credit card on file for automatic payment. I understand and agree that transactions rejected due to no fault of the Hampshire Township Park District will be assessed a \$10 service fee.
- I also understand and agree that my child(ren)'s enrollment in the program may be suspended or cancelled at the discretion of the Program Supervisor until an updated form of payment is received and successfully processed. If full payment is not received by the 15<sup>th</sup> of the month, a \$25 late payment fee will be added to the balance due.
- I understand and agree to give the Hampshire Township Park District authorization to charge the credit/debit card noted below for any and all past due Extended Care Program fees.

**AUTOMATIC PAYMENT ELECTION**

**Payments are processed monthly September through May for 2018/2019**

**Payment type**       **Credit Card**       **Debit Card**

**Card type**       **Visa**       **MasterCard**       **Discover**

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Total Amount to be Charged: \_\_\_\_\_

With my signature below, I understand and agree to all of the terms outlined above in this agreement.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_