



AUTO CHARGE PAYMENT PLAN AGREEMENT FORM

Participant(s) Name(s) _____

Payee's Name _____

Address _____

I, _____ (Signature Required)

authorize the Woodridge Park District to charge my scheduled monthly payment to my credit/debit card for the following program:

TOTSCHOOL - 1ST OF EACH MONTH SEPTEMBER 2020-MAY 2021

1ST MONTHLY PAYMENT DUE AT REGISTRATION

The Woodridge Park District will charge the account on the first of each month. It is your responsibility to keep us current regarding all the information on this form. Any changes to account information must be received one week prior to the payment due date. All declined charges will incur a \$25.00 service fee.

In the event that the scheduled payment is not collected we will attempt automatic collection up to two additional times within 10 business days.

VISA

MASTERCARD

DISCOVER

AMEX

ACCOUNT # _____

EXP. DATE _____

CVV: _____

CARDHOLDER NAME _____

CARDHOLDER SIGNATURE _____