



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.

Please check one of the following:

KIDZ Squad – 1st of each month September 2022-May 2023
(Registration fee not included)

The Woodridge Park District will charge the account on the closest business day to the listed payment dates.

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.

This section must be filled out if you are using:

VISA MASTERCARD DISCOVER AMEX

Cardholder Name _____

Exp. Date _____ Amount of Charge _____

Account Number: _____

"I authorize the Woodridge Park District to charge my CREDIT CARD for program registration fees."

AUTHORIZED SIGNATURE

X _____



ACCOUNT # _____

FOR OFFICE USE ONLY: Cut at dashed line and destroy (shred) immediately after entering account number into registration system.