

AUTO CHARGE PAYMENT PLAN AGREEMENT FORM

Participant(s) Name(s)				
Payee's Name				
Address				
l,to charge my scheduled monthly payment is due <i>month, October 2023 th</i>	at the time of reg	t to my credit/debit car gistration. <i>Monthly payi</i>	d for 2023-2024 Totso	
The Woodridge Park Dist keep us current regardin received one week prior In the even that the sche additional times within t	g all the informat to the payment d edule payment is r	ion on this form. Any ch lue date. All declined ch not collected we will att	nanges to account info arges will incur a \$25	ormation must be .00 service fee.
WITHDRAW REC A withdraw request form withdraw to be processe request is not submitted the Woodridge Park Dist registration desk hours.	n must be submitted by the 1st of the prior to the 20th	e month. No refunds wi of the preceding montl	ll be given for fees co n. Withdraw request f	llected if withdraw forms are found on
Please Check Box	VISA	MASTERCARD	DISCOVER	AMEX
Account #				
Exp. Date				
CVV:				
Cardholder Name				
Cardholder Signature				