



AUTO CHARGE PAYMENT PLAN AGREEMENT FORM

PARTICIPANT(S) NAME(S)		
PAYEE'S NAME		
PRIMARY EMAIL ADDRESS*		
ADDRESS	CITY	ZIP
PRIMARY PHONE		

I, _____ (Signature Required)
authorize the Woodridge Park District to charge **my scheduled monthly payment** to my
credit/debit card for 2023-2024 Kidz Squad.

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 _____ CVV _____ Amount of Charge _____

"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.