



hoffman estates park district

PreSchool EFT Authorization

Household Last Name _____ HH# _____

Participant Name _____

Home Address _____ Zip _____

Phone Number _____

Email Address _____

Program Options

Due Now

Monthly Pymt

*Business
Use Only*

1st Program Choice _____

2nd Program Choice _____

Payment Method For Program Fees

Electronic Funds Transfer _____ (Attach Voided Check)

Account Holder Name _____

Bank Name _____

Account # Last 4 Digits _____

ABA#/Check Digit _____

Credit Card

MC

VISA

AMX

DISC

Account Holder Name _____

Account Holder Address _____

Account # Last 4 Digits _____ Exp Date _____

I authorize the Hoffman Estates Park District to initiate a charge according to the fee schedule for my fees to the bank account or credit/debit card indicated above. This authorization is to remain effective until the Hoffman Estates Park District has received thirty days' written notice from me of its termination or until final payment for the program referenced above has been received. Any payments that are declined may be charged a service fee, this service fee will be the maximum amount allowed by law.

Signature _____ Date _____

Accepted By _____

Business Use Only

Processed by _____ Date _____