

E.T.KidZone School Year 22-23

Payment Plan Authorization

Payment for August is due at time of registration.

Future payments due as follows:

Payment for Month of September	Processed on September 1, 2022
Payment for Month of October	Processed on October 1, 2022
Payment for Month of November	Processed on November 1, 2022
Payment for Month of December	Processed on December 1, 2022
Payment for Month of January	Processed on January 1, 2023
Payment for Month of February	Processed on February 1, 2023
Payment for Month of March	Processed on March 1, 2023
Payment for Month of April	Processed on April 1, 2023
Payment for Month of May	Processed on May 1, 2023
Payment for Month of June	Processed on June 1, 2023

KEEP UPPER PORTION FOR YOUR RECORDS

RETURN LOWER PORTION

Check Method of Payment

- Credit/Debit Card**—Please charge my credit/debit card as indicated.

Card No. _____ Exp. Date: ____/____/____ CVV/CVC _____
 3 or 4 Digit Number on Back of Card

Print Name _____ Signature _____ Today's Date: ____/____/____

- ECP** (Electronic Check Payment) Please complete Authorization Agreement for Preauthorized Payment below.

Print Name _____ Signature _____ Today's Date: ____/____/____

Authorization Agreement for Preauthorized Payment (ECP)

I (We) herby authorize the *Cary Park District*, hereinafter called the *Company* to initiate Debit entries to the checking account indicated below, and if necessary, Credit entries and adjustments for any Debit entry in error to my (our) account indicated below and the financial institution named below, hereinafter called Depository, to Debit and/or Credit the same to such account. This authority is to remain in full force and effect until Company and Depository has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and Depository a reasonable opportunity to act on it.

PLEASE ATTACH YOUR VOIDED CHECK HERE

Date: ____/____/____ Signature: _____

Date: ____/____/____ Signature: _____

(If two signatures are required for withdrawal on an account, both signatures are required on this form.)

ET Site: Briargate ___ Deer Path ___ Oak Knoll ___ Three Oaks ___ Child(ren) Name(s): _____