



CARY PARK DISTRICT

255 BRIARGATE ROAD

CARY, IL 60013

PH 847.639.6100 FAX 847.639.6240

ET KidZone School Year 2023-2024: Payment Plan Authorization**The 1st month's payment is due at time of registration.****Future payments due as follows:**

Payment for Month of September	Processed on September 1, 2023
Payment for Month of October	Processed on October 1, 2023
Payment for Month of November	Processed on November 1, 2023
Payment for Month of December	Processed on December 1, 2023
Payment for Month of January	Processed on January 1, 2024
Payment for Month of February	Processed on February 1, 2024
Payment for Month of March	Processed on March 1, 2024
Payment for Month of April	Processed on April 1, 2024
Payment for Month of May	Processed on May 1, 2024
Payment for Month of June	Processed on June 1, 2024

KEEP UPPER PORTION FOR YOUR RECORDS**RETURN LOWER PORTION****Select the Method of Payment:**

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

Card #: _____ 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) hereby 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

Signature: _____ Date: ____/____/____

Signature: _____ Date: ____/____/____

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

Child(ren) Name(s): _____