



Office Use Only

Date: _____

By: _____

Credit/Debit Card Auto Draft Authorization Form

Customer Information

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Phone number: _____ Email address: _____

Payment Information

I authorize Greenville County Parks, Recreation, & Tourism to automatically charge my credit/debit card listed below the monthly enrollment fee of \$_____ per child for the 2016-17 Pavilion After-School Program. I understand that the monthly draft will occur on the 15th of each month, and I agree that I will pay for these fees in accordance with the issuing bank cardholder's agreement.

Please initial each line below:

_____ It is my complete understanding that if I wish to terminate or change my enrollment in any way, I must give the after-school program a 15 day written notice prior to the monthly draft.

_____ The bank draft enrollment is a continuous payment plan. I understand that this plan will remain in effect for as long as my child is enrolled in the after-school program referenced above.

_____ Should any payment draft not be honored by my bank for any reason, I realize that I am still responsible for that payment. This is in addition to any service fees my bank may charge.

_____ I will update my information on file in the event my credit/debit card information changes. (i.e. expiration date, account number, or credit/debit card billing address.)

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

Total Monthly Bill Amount

\$ _____

Cardholder's signature: _____

Date: _____

Credit Card Information

Circle One: **Visa or MasterCard**

Please print.

Cardholder's name: _____

Cardholders's Zip Code (required) _____

(as it appears on the credit card)

(from credit card billing address)

----- Destroyed After System Entry -----

Credit card number: _____

Expires: _____

CVV Code: _____