2018/2019 Pavilion After-School Program
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 for the monthly enrollment fee of $_____ per child as well as any incurred late pick-up charges for the 2018/2019 Pavilion After-School Program. I understand that the monthly enrollment fees will be charged to my credit card 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 and I understand that this plan will remain in effect for as long as my child is enrolled in the after-school program referenced above.*
_____*I understand my credit card will also be charged $1.00 per minute after 6pm for any late pick up during the school year, and that these fees will be charged the business day following the date of the incurred charge.*
_____*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 that the bank may charge as well as any late fees charged by Greenville County Rec.*
_____*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.)*

Children enrolled in after school:

Child 1:_____

Child 2:_____

Child 3:_____

Child 4:_____

| **Total Monthly Bill Amount** |
| (per child fee x number of children) |
| $_____ |

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:

_____   _____   _____