



Office Use Only

Four empty boxes for office use

Date: \_\_\_\_\_

By: \_\_\_\_\_

2019/2020 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 2019/2020 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:

CWV Code:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_