FRANKFORT
Park District
140 Oak Street
Frankfort, Illinois 60423
(815) 469-9400

Prairie Care - Recurring Payment Authorization Form

Complete and sign this form to set up recurring payments to be automatically charged to your card monthly. Any changes to your card, please call the Frankfort Park District at (815) 469-9400. To make changes to your dates/times of service, please complete Prairie Care Change Request Form. Approval from Prairie Care staff will be required for any changes.

If the recurring payment is declined for any reason, it is your responsibility to contact our office (815) 469-9400 by 12noon the following business day to discuss reattempting the payment with the current card on file or to provide an alternative form of payment

Here's How Recurring Payments Work:
You authorize regularly scheduled charges to your credit card. You will be charged the amount allocated for the month of service for each billing period. A receipt for each payment will be emailed to you when it is processed. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us via email at least 10 days prior to the payment being collected.

Please complete the information below:

I _____ authorize Frankfort Park District to automatically charge my credit card for the monthly
(full name)
fee on the first day of each month.

Child's Name _____

Address _____ Phone# _____

City, State, Zip _____ Email _____

Credit Card Number: _____ Expiration: _____CVC: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Frankfort Park District of any changes in my account information or termination of this authorization at least ***15*** days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

DECLINED PAYMENT:
A fee of *$25* will be charged for all declined payments. I agree to contact Frankfort Park District before 12:00noon the following business day to bring my account current. If I do not contact the Park District by that time, a fee of $25 will be charged EACH DAY until payment is received. This charge will be initiated as a separate line item from the authorized recurring payment. If my account has multiple declined transactions, I will be required to pay the remaining balance due for the program or can be subject to possible release from the program with no refund issued.

By signing I agree with all terms stated above.

SIGNATURE _____ DATE _____