



AUTOMATIC PAYMENT REQUEST FORM for Kidventure or Discovery After School Club 2015-2016

I WISH TO: Enroll in Auto Pay Change Auto Pay Card Withdraw from Auto Pay

Registration fees are waived when you sign up for automatic payments

- ENROLLMENT REQUIREMENTS:**
- Valid Visa, Mastercard or American Express (Debit or Credit Card)
 - Valid Email Address

Items to remember when registering for automatic payments:

- You **will not** receive a monthly bill in the mail
- You **will** receive an electronic statement each month via your email address
- Proof of payment will appear on your debit or credit card statement
- Automatic payments will start a minimum of 30 days following receipt of your completed Automatic Payment Request Form.

Step 1:

Please complete this form to authorize the City of Central Point Parks & Recreation Department to charge Kidventure or Discovery After School Club transactions on your Visa, Mastercard or American Express debit or credit card account.

By completing the form below, I (we) authorize and request the City of Central Point Parks and Recreation Department to process debit/credit transactions to my (our) checking account, or Visa, Mastercard or American Express account. This authority will remain in effect until City of Central Point parks & Recreation Department receives written notification to terminate this authorization. The City of Central Point Parks & Recreation Department may discontinue authorization at any time subject to eligibility of customer. I understand and agree that a \$35.00 fee will be added to all non-sufficient funds (NSF) accounts.

Please print or type the following information

1. Child's Name: First _____	Middle _____	Last _____
Age: _____ Grade: _____	Attends: Kidventure <input type="checkbox"/>	Discovery After School Club <input type="checkbox"/>
2. Child's Name: First _____	Middle _____	Last _____
Age: _____ Grade: _____	Attends: Kidventure <input type="checkbox"/>	Discovery After School Club <input type="checkbox"/>
3. Child's Name: First _____	Middle _____	Last _____
Age: _____ Grade: _____	Attends: Kidventure <input type="checkbox"/>	Discovery After School Club <input type="checkbox"/>
4. Child's Name: First _____	Middle _____	Last _____
Age: _____ Grade: _____	Attends: Kidventure <input type="checkbox"/>	Discovery After School Club <input type="checkbox"/>

5. **EMAIL ADDRESS FOR ELECTRONIC STATEMENTS (REQUIRED):** _____

6. Account Holder's Name:	First _____	Middle _____	Last _____
7. Complete Address:	Street _____	City _____	St/Zip _____
8. Phone Numbers:	Cell Phone: _____	Work Phone: _____	Other: _____
9. Circle Card Type:	Debit Credit		
10. Circle Payment Type:	Visa Mastercard American Ex		
11. Card Number: _____ - _____ - _____ - _____	12. Expiration Date: Month _____ Year _____		
12. 3 digit security code on back of card: _____			
13. Name as it appears on card: _____			
14. Signature of Card Holder: _____	Date: _____		

(Form must be signed and dated to be valid)

Step 2:

Mail or deliver original signed form to City of Central Point, 140 S. 3rd Street, Central Point, OR 97502
Faxed or emailed forms cannot be accepted by financial institutions.

OFFICE USE ONLY:

Parks & Recreation Account #: _____ Date Received: _____ Received by: _____