



## AUTOMATIC PAYMENT REQUEST FORM for Kidventure Preschool 2016-2017

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. <b>EMAIL ADDRESS FOR ELECTRONIC STATEMENTS (REQUIRED):</b> _____		
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. <b>Signature of Card Holder:</b> _____		<b>Date:</b> _____

*(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: \_\_\_\_\_