

**Preschool/CARE
EFT Authorization Form**



Gurnee Park District
4374 Old Grand Avenue • Gurnee, IL 60031
or 920 N. Hunt Club Road • Gurnee, IL 60031
Main (847) 623-7788 • Fax (847) 623-8121
www.gurneeparkdistrict.com

Electronic Funds Transfer (EFT) / Credit Card Authorization Form

Payments will be issued to the Gurnee Park District

This Form Must be Renewed Each Academic Year

Names of Household Participants _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Class ID Number(s): _____

AUTOMATIC MONTHLY PAYMENT OPTION (Choose Bank Account or Credit Card for payment method)

Bank Account Information for EFT Transfer

Bank Name _____ Checking Savings
Routing# _____ Account# _____

Please attach a voided check, not a deposit slip. The account number written above must match the account number on the voided check.
Make a copy for your records.

Credit Card

Visa MasterCard Name on Credit Card _____
Credit Card # _____ Expiration Date _____

I hereby authorize the Gurnee Park District to remit payments via Electronic Fund Transfer (EFT) or Credit Card, and I authorize the above named financial institution to credit payments to the class(es) listed. I understand that a new authorization form must be completed if I close the referenced Bank account or Credit Card, or if I wish to designate a different bank account. I understand that EFT may take approximately 30 days to become effective, and that this authorization will remain in effect until cancelled in writing.

I hereby authorize that any rejected EFT or Credit Card payments will be charged a \$10.00 late fee by the Gurnee Park District and any continued payment rejections may result in dismissal from the program(s).

Member's Signature _____ Date _____

Drop off or mail form to: Gurnee Park District, 4374 Old Grand Ave., Gurnee, IL 60031, Attention Business Services.