

**ACH Payment Process or Credit Card Authorization**

“I (We) hereby authorize Manhattan Park District to initiate recurring credit card charges or ACH Payment as indicated below for the purpose of collecting Camp Coyote related payments. I (we) understand that the charges below referenced credit card or bank account will be based on charges that are due and payable at the time of the credit card/bank transaction. All disputes will be directed to and addressed by and between the Manhattan Park District and the below signed cardholder/bank holder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give the Manhattan Park District written notice of revocation. A minimum of 5 business days is required to affect revocation.

All payments will be charged/debited for The Den fees on the due date as listed on your bi-weekly invoice for the 2019/2020 School year.

Date \_\_\_\_\_

\_\_\_\_\_ **Please debit my checking or savings account as listed below**

Name of Account Holder \_\_\_\_\_

Child’s Name \_\_\_\_\_

Financial Institution: \_\_\_\_\_

ABA/Routing Number: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type    Checking \_\_\_\_\_    Savings \_\_\_\_\_

Account Holder Signature \_\_\_\_\_

\_\_\_\_\_ **Please charge my credit card listed below**

Child’s Name \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Card \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ American Express

Cardholder Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Card Security Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_