Auto Pay Authorization:

Child(s) Full Name(s): _____

Parent/Guardian: _____

Address: _____**City:**_____ **Zip** _____

Home Phone: _____ **Other Phone:** _____

In an effort to go GREEN Please provide your e-mail address.

E-Mail: _____

(Options, check all that apply)

_____ **E-Mail a receipt to me monthly.**

_____ **E-Mail me a childcare tax statement at the end of the year.**

****PLEASE READ CAREFULLY****

Your signature confirms your agreement to the following:

Bank Account or Credit/Debit Card Authorization:

I hereby authorize the City of Lafayette, Bob L. Burger Recreation Center to make monthly payments on my behalf from the checking, savings or credit card account listed below and transfers it to the BASE After School Program.

- The first payment will include the first and last months fees.
- The monthly fee will be automatically withdrawn from your bank account or credit card account on the 1st of each month. If your bank account has non sufficient funds (NSF) or your credit card is declined you will be notified and given 2 days to come in with, cash or check in the full amount. You will also be charged a $30 NSF service fee.
- Payments not received by the due date will be charged a $10 late fee. If payment is not received within the two day grace period, enrollment will be cancelled.
- Full days are not included in the Auto Pay program. You must register for each full day you would like your child to attend. Payment is due at the time of registration.

_____ _____

Parent/Guardian Signature Date:

Choose One:

_____ Checking Account Transfer **(voided check <u>must</u> be attached)**

_____ Savings Account Transfer ~ Account # _____ Routing # _____

_____ Credit Card _____Visa ____ MasterCard _____Discover Card

Card Holder Name _____

Card Number _____-_____-_____-_____ 3 Digit Security Code _____

Expiration Date _____/_____

Revised 7/26/2012 k.s.