

**Lisle Park District
Gentle Learning Preschool
Payment Authorization**

Childs Name: _____

Class: 3 yr-T & Th 3 yr-MWF 4 yr-MWF 4 yr-M-F (circle one)

I am a _____ Lisle Park District Resident _____ Lisle Park District Non-Resident

Fees: 2 day \$115/\$130 3 day \$135/\$150 5 day \$195/\$210

Credit/Debit Card

I authorize direct charges to my (check one) VISA _____ Master Card _____ or Discover. Payment will be charged the first of each month, September 2017 through May 2018. I understand if I choose to cancel this request, I must notify the Recreation Center Front Desk.

Card #: _____ CVC code _____

Expiration Date: _____

Withdrawal from Checking Account

I authorize direct debit from checking account. Payment will be withdrawn the first of each month, September 2017 through May 2018. I understand if I choose to cancel this request, I must notify the Recreation Center Front Desk.

Bank name: _____

Routing Number: _____ Account: _____

I hereby agree to and accept the terms of the Lisle Park District Payment Authorization.

Signature

Parent Name _____

Address: _____

Street

City

Zip

Date: _____

Phone: _____