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| **CENTRE OF ELGIN**  **AUTOMATIC BILLING AUTHORIZATION**  First month payment is due at the time of registration. Future months will be charged weekly on the first of every month.  I agree and authorize the City of Elgin through its bank, to establish automatic payments from my bank Debit card account or Credit Card account as identified below. These automated payments are in accordance with the terms listed and shall continue until May 31, 2024 or until the City of Elgin receives cancellation notice in writing. I authorize these payments to continue until the total balance due is paid in full. I understand that it is my responsibility to keep my billing information current by notifying the supervisor of any changes in billing information.  Program Name: The Afterschool Program at The Centre  Processing Start Date: **August 15,2023** Ending Date: **May 31, 2024**  **PARENT SIGNATURE**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    **Account Information:**  Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Participant Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Card Type: Visa MC Disc Last 4 # \_\_\_\_\_\_\_\_\_\_\_ Exp Date\_\_\_\_\_\_\_\_\_\_\_\_  Office Use:  Staff initials\_\_\_\_\_\_\_\_\_\_    Date Processed\_\_\_\_\_\_\_\_\_\_  The Centre of Elgin  100 Symphony Way- Elgin, Illinois 60120  Phone 847-531-7000- Fax 847-531-7020  www.centreofelgin.org |