New Lenox Community Park District's ACES/Trailblazers
Financial Agreement and Credit Card Authorization Form
2019-2020

Please complete one form per household.

As your ACES/Trailblazers provider, we are excited to offer you the convenience of an automatic payment plan through ***"ETS"***. Your payment will be safely and securely processed by ***"ETS"*** on a weekly basis, giving you the peace of mind that your payment for ACES/Trailblazers has been paid on time! It's easy to enroll and even easier to participate; please fill out the form below to get started!

Your payment will be processed on your credit card every Monday morning before business hours begin for the following week. This form will be destroyed after pertinent information is entered into the third party database.

Credit Card Authorization

I (we) authorize New Lenox Community Park District, (called "**NLCPD**" in this Authorization) to initiate debit entries to my (our) **Credit Card** indicated below. I (we) authorize **NLCPD** to withdraw sufficient funds to pay my (our) regular fees and/or other related fees that are due and payable. I (we) authorize **NLCPD** to use the third party sender, ETS to process all payments. I (we) acknowledge that the origination of debit transaction to my (our) credit card must comply with the provisions of United States Law.

Please Circle type of Credit Card Used:

Visa MasterCard Discover American Express

_____ _____
Your Name (Please Print) Phone Number

_____ _____
Child(ren) Attending (Please Print) Email Address

_____ _____
Address Credit Card Number

_____ _____ _____
City, State & Zip Expiration 3-Digit Code

This authorization will remain in full force and effective until I (we) notify NLCPD in writing of its termination in such time and in such manner as to afford NLCPD a reasonable opportunity to act upon it. Notices must be received at a minimum of 15 business days in advance of the termination date.

_____ _____
Parent/Guardian Signature Date

FOR OFFICE USE ONLY:
Date Entered: _____ Entered By: _____